1 (M		Division of STATISTICAL RESEARCH AND RECORDS				ND 21201	
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plete cork ent,	S. :		DKINS	TE OF BIRTH	DEATH Septemb	er 211	19 66 TIF UNDER 24 HRS.
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OR ATTENDING PHYSICIAN: The low requires the be retained by the hospital or attending physician.  SIRECTOR: After this certificate has been signed by le 3 should be detached for use as the burial-traned with the State Dept. of Health prior to burial, cre		lost. (c) Hef-purling	acr	νι		110	WAS AUTORSY
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or or or eolt	CERTIFICATION	200. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCUI	PDED (Enter	nature of injuny in Port	Lor Port II of item 19 \	1	/ES NO
ICIA Ditologital diffic of H	ERTII	206. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CITE EITHER, NOTIFY MEDICAL EXAMINER)  205. DESCRIBE HOW INJURY OCCUI	CKLD. (Lille)	notore of injury in roll	of roll if of fieth 10.		
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the this detector	MEDICAL	Hour o.m. 19 While at wark at wark		reet, office bldg., etc.)		and desirate the particular state of	
by After Stot		21. I certify that (I) (this hospital) attended the deceased fro	m /9	5-1/ 19	109-24	1966.1	hot (I) (-we) lost
R: A uld the the		saw the deceased alive on $9-2-4$ 1966, and	that deo	oth occurred of 3			
R ATTENI retoined recror: A 3 should with the		220. SIGNATURE		ATTENDING MED	STAFF C	22b. DATE SIG	NED
OR De red w		Stank Withins	M.D. P	PHYS. DIRE	CTOR PHYS.		
IAL Doy Dog Pogge File		22c. PHYSICIAN'S NAME (Type)  Total C. M.D.		22d. ADDRESS	Managara a		
TO HOSPITAL OR ATTENDING Page 4 may be retained by t TO FUNERAL DIRECTOR: After director, page 3 should be c should be filed with the State		LISIN V. TEMIS MD	V 00 505::1		, Maryland	10.	) /Sa-A-2
HOUNT TO THE PROPERTY OF THE P	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER POUL (Specify) 9/27/1966 Parsons	Y UR CREMA	AIUKT	23d. LOCATION (City or Town		
5 5 5 V	24	FUNEAL DIRECTOR ADDRESS		2So. REC'D BY	Salisbury, REGISTRAR 25b. REGIS	Mary I	
VR A15 (4)	24	Gund Sums Snow Hill,	L.	DATE SEF	28 1966 /	Charle	Judge.
20 m 1/00 WO	/	MINIA CAMPANDE SHOW TILL,	Mu •	DAIL WINT	HO 1000 /		10

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Pages 1 urs after 24 hours after Wicomico Wicomico MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b completely filled in by to ove carbon papers. Page ove event, within 72 hours a Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Peninsula General Hospital Lenwood Street No Y within NAME OF Last 4. DATE Month Day Year Middle DECEASED (Type or print) DEATH 10 executed 5. SEX and con 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS 9. 7. MARRIED NEVER MARRIED last birthday) | Months | Davs Hours any WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT 11. BIRT HPLACE (County & State, or foreign country) The law requires that the death certificate be COUNTRY? Housewile

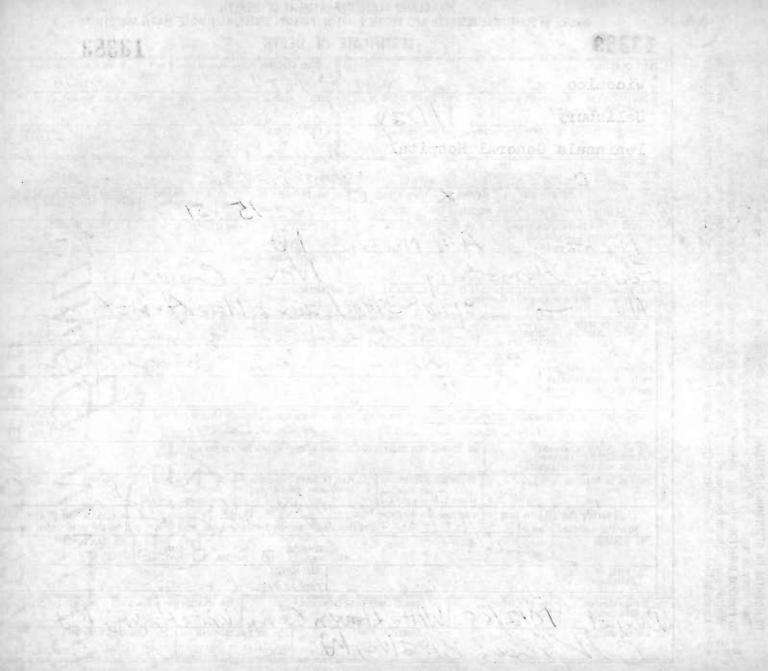
13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) (If yes give war or dates of service) Salisbury, Maryland Lawrence Albert cremation, the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending physician. n signed l burial-tra burial, cre DUE TO Conditions, if any, which (b) peen gave rise to immediate 함 DUE TO cause (a), stating the prior underlying cause last. has (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? certificate NO X YES PHYSICIAN: this cerum detached fo 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) be de State Hour a.m. While Not While After at work at work p.m. DIRECTOR: At age 3 should lied with the S 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 24M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. STAFF ATTENDING page M.D. PHYS. DIRECTOR PHYS. TO FUNERAL I HOSPITAL 22c. PHYSICIAN'S 22d. **ADDRESS** NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF QVAL/(Specify) hincoteague, Virginia emeteru **ADDRESS** 25b. REGISTRAR'S SIGNATURE **FUNERAL DIRECTOR** REC'D BY REGISTRAR VR A.15 (4) 20M 1/65

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	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
= N 26	13308 CERTIFICATE OF DEATH 12209
1 and 2 death	1. PLACE DF DEATH a. COUNTY a. STATE b. COUNTY b. COUNTY
hours after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
	Salisbury 23-2
0	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Peninsula General Hospital  d. STREET DDRESS  e. IS RESIDENCE ON A FARM?  YES NO X
	3. NAME OF First Middle Last   4. DATE Month Day Year
	(Type or print) WILLIAM RICE ALLEN DEATH SEPTEMBER 8 1966
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 24 HR  Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT COUNTRY2
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	Amos Allen Jarah Skyenson
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, 10, or unkown) (If yes give war or dates of service) 21907-3795 Flossie Allen Stock fon, Md.
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). 1  NYERVAL BETWEEN ONSET AND DEATH
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Respiratory failure 12hn
	Conditions, If any, which ) DUE TO Conditions, If any, which ) (b) 7 Carcenoma & Hears
	gave rise to immediate cause (a), stating the DUE TO
	underlying cause last. (c)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIOUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY PERFORMED?   YES NO     NO     NO   NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)
	20a, ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  DR CONTRIBUTING   CAUSE OF DEATH   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  (If EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	Hour a.m. p.m. 19   While   Not While   latwork   latwor
	21. I certify that (I) (this hospital) attended the deceased from 1965 to 21. 1965 to
	saw the deceased alive on 19 (16), and that death occurred at 3 2/2M, from the causes and on the date stated above 22a. SIGNATURE 22b. DATE SIGNED
	Davy La ) M.D. ATTENDING MED. STAFF 9-11-66
	22c. PHYSICIAN'S NAME (Type) DAVID 22d. ADDRESS
	236. BURIAL, CREMATION, 234. DATE THEREOF 230. NAME OF DEMETERY OF CREMATORY 23d. LOCATION (City, town for county) (State)
5	24. JUNERAL DIRECTOR ) ADDRESS   25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1	Survey Sound New Church, Va. DATE SEP 15 1966 golianley Judge
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Pendingula Semeral Hospital Cox 15 2 No.18,1892 73 Laboret Waterman Md. U.S.A. Amos Allen Scrah Skrenson - 240-13195 Flossie Alken Stockfon, Met. when the section we have make in the factor was to Burial 9-13-66 Hope Burticial Com Stock ton, Md. James Berger Land - Land Church 10. 1882 to 1885 the Allery

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH deoth. within 24 hours after deoth by the funeral Pages 1 and 2 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a COUNTY WICOMICO h COLINTY MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)
Salisbury c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address), completely filled in e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Peninsula General Hospital YES NO [ 3. NAME OF First 4. DATE Doy Last Year DECEASED MSTRONG erTember 25, 1966 and in ony event, (Type or print) DEATH . requires that the death certificate be executed IF UNDER 1 YEAR S SEX 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH 9. AGE (In years 7. MARRIED Jast birthday) Months Days WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? 12mic 13. FATHER'S NAME MOTHER'S MAIDEN NAME removo 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 15. WAS DECEASED EVER IN U.S. AKMED FORCES (Yes, no for funk nown) (If yes give war ar dates of service) 16. SOCIAL SECURITY NO. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) buriol-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Poge 4 moy be retoined by the hospitol or ottending physician. Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause FUNERAL DIRECTOR: After this certificate has been use os the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO Por 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Not While foctory, street, office bldg., etc.) 19 at work 21. I certify that (I) (this haspital) attended the deceased fram 66 196 C that (I) (we) last and that death accurred at 6 30 cm, fram causes and an the date stated above. saw the deceased alive a 22a, SIGNATURE 22b. DATE SIGNED DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a\_BURIAL, CREMATION, DATE THEREO 23d. LOCATION (City or Town) (State) REMOVAL (Specify) FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66



14 haurs after death. If any delay is an Item 18. Give Pages 1, 2, and 3 ta HEALS as Office along with farm PM3. Page LADS and 2 with the State Department of Vevent within 72 haurs after death. in pencil in Item 18. Give Pages 1, 2, and 3 ta Examiner's Office along with farm PM3. Page

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File Health or its designated agent, priar to burial, crematian, or remaval, and

the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm 5 may be retained far yaur files.

This certificate shauld be executed within 24 haurs after death.

pending

necessary, please execute the certificate, writing the ward

TO DEPUTY MEDICAL EXAMINER:

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		13390	MEDICA	L EXAMINER'S	CERTIFICATE O	F DEATH 1	3384
		PLACE OF DEATH				Where deceased lived, if institution	
	C	d. COUNTY Wicomico		MARYLAND	o. STATE	rland b. COUN	Wicomico
ı	Ь	b. CITY OR TOWN (If autside carparate	limits, c. l	LENGTH OF STAY IN 16		utside carparate limits, write RUR	
		write RURAL and give nearest town Salisbury	)		Sali	sbury	22-1
-	-	d. NAME OF HOSPITAL OR INSTITUTION		treet address)	d. STREET ADDRESS	L3 Dut y	e. IS RESIDENCE
91		DOA Peninsul	, ,	,	II.	Second St.	ON A FARM?
1	2 8			Middle	*		
	I	NAME OF DECEASED	First FRANK		USTIN	4. DATE Manth	
	5. 5	(11be or billit)			8. DATE OF BIRTH	9. AGE (In years	9-24-66 19 IF UNDER 1 YEAR 1 IF UNDER 24 HRS.
	5. 3		-			last birthdoy)	Months Days Hours Min.
			WIDOWED	DIVORCED	12-19-30	35 yrs.	
		. USUAL OCCUPATION (Give kind of work on mast of warking life, even if retired)	7-Up	F BUSINESS OR RY Sottling Co.	11. BIRTHPLACE (Stote	Halas Fla.	12. CITIZEN OF WHAT
	13.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME .	
		trank (Su	slin		Thoche	Thresler	)
1	15.	WAS DECEASED EVER IN U.S. ARMED FOR	CES? 16. SOCIA	L SECURITY NO. 17.	INFORMANT	Addres	Snart the int
	(Yes	s, no, or unknawn) (If yes give war ar do	ates af service)	(1)	olphina) (	lustin Villa	of Belle Hahr
	T	18. CAUSE OF DEATH (Enter only one	e couse per line for (a) (	(h) and (c))	J. Sand		INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	T3 1	ured cervic	al enine		Sudden
4		8254 IMMEDIATE C	DUE TO	oarea cervic	ar porito		Budden
		Conditions, if any, which gave	(b)				
		rise ta immediate cause (a), (	DUE TO				
	-1	stating the underlying cause last.	(c)				
	-	PART II. OTHER SIGNIFICANT CONDITIO		ATH RUT NOT RELATED TO	THE TERMINAL DISEASE COL	NDITION GIVEN IN PART I(a)	19. WAS AUTOPSY
1	N N						PERFORMED?
	MEDICAL CERTIFICATION	Fractured left 20g. EXTERNAL CAUSE WAS				Port I or Port II of item 18.)	YES NO X
	E	PRIMARY To ar CONTRIBUTING  CAUSE OF DEATH.					. 1 1
	A C					in one-car acc	
	픮	20c. TIME OF INJURY Month, Day, Ye	While	OCCURRED 20e. PLA	tary, street, affice bldg., etc.	n, 20f. (City or town)	(County) (State)
0	2	3 p.m. 9-24-00				Rd. Delmar	Sussex Del.
0		21. I certify that I took ch	arge of the remain	s described obove, he	eld on Autopsy [ ],	Inspection X, Inqui	iry 🚺, and in my opinion
		death resulted from: No	atural gauses,	Accident X, Suid	ide, Homicide	, Undetermined ma	inner
		ACTUAL /	D	/	CHIEF MEDICAL	EXAMINER	OR DAYS SIGNED
		SIGNATURE	The		(M.D.	OICAL EXAMINER .	22. DATE SIGNED
1			oyer, MD.				Sept. 26, 1966
				isbury, Md.		t, city, tawn, or county)	
	23a.		4 4	C. NAME OF CEMETERY OF	CREMATORY	23d, COCATION (City or Tow	
		REMOVAL (Specify)	J-66 8	rady &	rave	Jampa	
		FUNERAL DIRECTOR	0.50	ADDRESS			GISTRAR'S SIGNATURE
		Jollev Funeral Ho	me. Salish:	rv. Mr.	DATE	10T 5 1966	actionale andre

13861 P. Richard P. Goodfield Physical Printers The second secon

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Bonnecset a. STATE arvland Wicomico MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours Princess Anne Salisbury .⊑ bon papers. within 72 hc d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? filled d. STREET ADDRESS Peninsula General Hospital NO.K YES etely executed within carbon 3. NAME OF First Middle Last DATE Mon th Day Year DECEASED event, S. DEATH (Type or print) AGE fin years IF UNDER 1 YEAR IF UNDER 24 HRS.

| Ist birthday | Months | Days | Hours | Min. 6. COLOR OB RACE DATE OF BIRTH remove n any eve 7. MARRIED NEVER MARRIED Days and DIVORCED X NOV . WIDOWED [ attending physician a ermit. Then please re 106. USUAL OCCUPATION (Give kind of workdone during most of working lite, even if retired)

10b. KIND DF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) | 12. CITIZEN OF WHAT = The law requires that the death certificate be Somerset Maryland Co. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary E. Howeth Samuel Barnes 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address the attent t permit. (Yes, no, or unkown) (If yes hive war or dates of service) Baltimore. Barnes; I-transit perm II, cremation, George 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) been signed the burial-transcript to burial, cru DUE TO Cenditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. as 19. WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? certificate NO T YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of Item 18.) detached f te Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) be de State Hour a.m. Not While After Id be d While at work at work retained 1966 19 6 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the 64 and that death occurred at 743 M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE page ATTENDING PHYS. DIRECTOR M.D. PHYS. O HOSPITAL 22d. ADDRESS FUNERAL tor, 22C. PHYSICIAN'S NAME (Type) director should (State) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL\_(Specify) 0 Princess Anne, Manokin Presbyterian 966 Burian REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR VR A15 (4) 20M 1/65

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, 1f institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Wicomico Wicomico MARYLAND Pages b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) hours Salisbury Salisbury Rural = bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) filled d. STREET ADDRESS e. IS RESIDENCE ON A EARM? Peninsula General Hospital Morris Leonand, radio within etely carbon NAME OF FRANCES (MARIAN Middle Last DATE Month Day Year DECEASED event, BEdsworth comple MARIAN (Type or print) DEATH 10 1966 executed and con SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED X AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Days WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be COUNTRY? S House work at home None Mardela(Wico.Co Md. H 13. FATHER'S NAME MOTHER'S MAIDEN NAME remova attending parmit. Then Stanley Bedsworth Sallie Messick 15. WAS DECEASED EVER IN U.S. ARMED FORCES? s. Adelean Driscoll (Sister-In-Law)
D.#3 Salisbury, Maryland 16. SOCIAL SECURITY NO. the attendit 5 (Yes, no, or unknwn) (If yes give war or dates of service) NO cremation, 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH The law requires that the al-transit PART I. DEATH WAS CAUSED BY attending physician. IMMEDIATE CAUSE (a) signed the burial, the burial, the burial, the Conditions. If any, which rise to immediate DUE TO cause (a), stating underlying cause last. as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? certificate NO F PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) detached file Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work O should ith the 9/10/66 21. I certify that (I) (this hospital) attended the deceased from 91/160 . 19. . to , that (I) (we) last DIRECTOR: age 3 should lied with the and that death occurred at 6 8 M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED page M.D. PHYS. DIRECTOR PHYS. HOSPITAL FUNERAL PHYSICIAN'S 22d. ADDRESS tor, d NAME (Type) should direct 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. 23b. DATE THEREOF (State) 23d. LOCATION (City, town or county) 2 968 Bethol Church Cem. Walston (Wicomico Co FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE SALISBURY MARYLAND COMPANY VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Wicomico AR MARYLANO papers. Pages hin 72 hours afte b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENCTH OF STAY IN 1b hours Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET AOORESS within 72 Peninsula General Hospital letely death certificate be executed within completely ve carbon I 3. NAME OF First DATE Month Middle Last and comeremove carbo DECEASED DEATH (Type or print) AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE OATE OF BIRTH 9. 8. 7. MARRIEO NEVER MARRIEO last birthday) | Months | DIVORCEOF WIDOWEO Ξ 10a. USUAL OCCUPATION (Cive kind of workdone) 10b. KINO OF BUSINESS OR 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending p remova 0 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT signed by the attend purial-transit permit. burial, cremation, or re (Yes. no. or unkown) (If yes give war or dates of service) CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PHYSICIAN: The law requires that the PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) been signed the burial-tr or to burial, DUE TO Conditions, If any, which gave rise to Immediate **OUE TO** cause (a), stating underlying cause last. as ICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(2) use MMau 20a. ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of item 18.) oţ detached S 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Oav. Year factory, street, office bldg., etc.) Hour a.m. Not While After retained by at work at work 1966 21. I certify that (I) (this hospital) attended the deceased from 27 June P DIRECTOR: / and that death occurred at/042 M. from the causes and on the date stated above. saw the deceased alive on 9 22b. 22a. SICNATURE OIRECTOR PHYSICIAN'S NAME (Type) 22d. ADDRESS FUNERAL director, p NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) BURIAL, CREMATION. 23b. OATE THEREOF 2 REMOVAL (Specify) 6 6 24. FUNERAL OIRECTOR **AOORESS** 

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4. 22.4		13395 CERTIFICATE OF DEATH 1338	
24 hours after death. filled in by the funeral appers. Pages 1 and 2 n 72 hours after death.	1	a. COUNTY  a. STATE A D. GOUNTY /	esidence before admission
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24 hour filled in 72 hour 72 hour	81	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  Peninsula General Hospital  4. 2. 6 x 337	e. IS RESIDENG ON A FARM?
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the the ration	=	18. CAUSE DF DEATH [Enter only one cause per ling for (a), (b), and (c).]	INTERVAL BETWEEN
lat the cian.		PART I. DEATH WAS CAUSED BY: Alerioscleratic Heart Disease	DNSET AND DEATH
es thompsic signe urial- urial-		Genditions, If any, which (b)	
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law atten has e as	8	underlying cause last. ) (c) PART II. OTHER SIGNIFIGANT GONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE GONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, cre-	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m.  p.m.  19  20d. INJURY OCCURRED OCCURRED School (City or town) (Countries of the property of th	nty) (State)
ATTENDIN retained b CCTOR: Aft 3 should b	-	21. I certify that (I) (this hospital) attended the deceased from 13, 1966, to 9/8, 1966	6, that (I) (we) las
ATTE retail ECTOR		saw the deceased alive on 19 c, and that death occurred at 15 M, from the causes and on the 22a. SIGNATURE	ne date stated above
L OR By be DIRI		M.D. ATTENDING MED. STAFF PHYS.	
TO HOSPITAL OR Page 4 may be 0 FUNERAL DIRE director, page 3 should be filed v	1	22c. PHYSIGIAN'S / 22d. ADDRESS	
Page Page 10 FUI direct	23	Ba BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF GEMETERY OR CREMATORY 23d LOGATION (Gity, town or course membry (Specify)	nty) (State)
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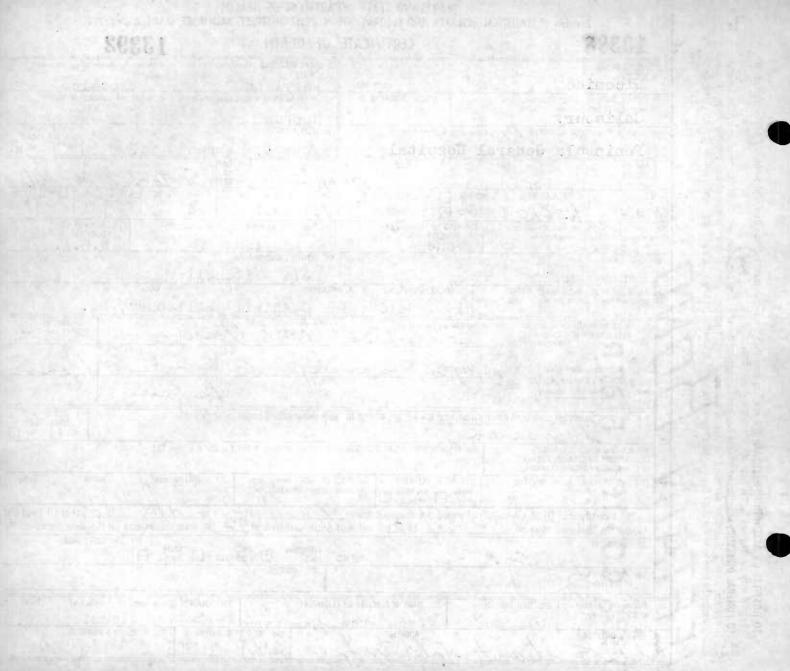
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13396 CERTIFICATE OF DEATH death. The law requires that the death certificate be executed within 24 hours after death the ottending physicion ond completely filled in by the funerol sit permit. Then please remove corbon papers. Pages I ond nation or removal and in any event, within 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Wicomico Maryland Talbot MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Salisbury c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 871891966 St. Michaels d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Pine Bluff State Hospital Chew Ave. & Talbot St. YES NO X 3. NAME OF Middle 4. DATE Month First Lost Year DECEASED 1966 William Bottiger September (Type or print) DEATH S. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Aug. 12. 1885 WIDOWED X DIVORCED White Male 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? U.S.A. Baltimore, Maryland stone mason (retired 13. FATHER'S NAME Barbara Buettner George Washington Bottiger 16. SOCIAL SECURITY NO. 17. INFORMANT Records of Pine Athruff State 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 218-10-4126 Hospital. Salisbury, Maryland INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) buriol-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY Pulmonary Tuberculosis unknown IMMEDIATE CAUSE (o)\_ signed by DHE TO Conditions, if ony, which gove rise to immediate couse (o). DUE TO stoting the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been os the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? Arteriosclerotic vascular disease NO for 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) 21. I certify that (4) (this haspital) attended the deceased fram Aug. 16, 1966, ta Sept. 5, 1966, that (4) (we) last saw the deceased alive an Sept. 5 1966, and that death accurred at 12:42 Prior causes and an the date stated above. 100 that (H) (we) last 22b. DATE SIGNED 22o. SIGNATURE ATTENDING Sept. 6. 1966 M.D. DIRECTOR PHYS. 22d. ADDRESS State Hospital 22c. PHYSICIAN'S E. P. Ritchings, M.D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b DATE THEREOF (County) (Stote) REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE ADDRESS 25g. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR DATE SEP

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH b. COUNTY o. STATE o. COUNTY Wicomico Maryland Wicomico lease remave carban papers. Pages 1 and in any event, within 72 haurs after MARYLAND The law requires that the death certificate be executed within 24 haurs after c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Sharptown Salisbury d STREET ADDRESS e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) YES NO Pine Bluff State Hospital 3. NAME OF Middle Lost 4. DATE Month Doy Year en please remave carban DECEASED Carlton Grant Brown 19 66 Sept. 15 DEATH (Type or print) IF UNDER 24 HRS. IF UNDER I YEAR 9. AGE (In years S SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH **NEVER MARRIED** birthdoy) Months Hours Nov. 4. 1904 Colored WIDOWED DIVORCED Male 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) INDUSTRY Sharptown, Wicomica Tavern Operator 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME George Brown Martha Brown the attending p 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) Records of Pine Bluff State Hospital 216-07-3946 INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Coronary Thrombosis IMMEDIATE CAUSE (o) be retained by the hospital ar attending physician. DUE TO-Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been for use as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES K NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) Hour o.m. Not While ot work ot work 21. I certify that (f) (this haspital) attended the deceased fram March 1 \_\_\_\_, 19\_66, ta Sept. 15, 1966, that (f) (we) last saw the deceased alive an Sept. 15 19 66, and that death accurred at 18 M, fram causes and an the date stated above 22b. DATE SIGNED 220. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. 9 9/15/66 M.D. PHYS. 22d. ADDRESS. 22c. PHYSICIAN'S directar, pag shauld be file Ritchings Salisbury, Maryland NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23a\_BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE EMINERAL DIRECTOR volences 1966

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13398 CERTIFICATE OF DEATH executed within 24 haurs after death. by the funeral Pages 1 apd-2 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH o. COUNTY Wicomico b. COUNTY MARYLAND Marvland transit permit. Then please remove carbon papers. Pages 1 crematian, or remaval, and in any event, within 72 hours after Wicomico b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Salisbury c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) Hebron e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS Peninsula General Hospital Route Hebron YES NO SE 3. NAME OF 4. DATE Middle Month DECEASED (Type or print) OF DEATH Lonev DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 6 b birthdoy) Months Doys Hours 17/1901 WIDOWED 3 DIVORCED 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COUNTRY? INDUSTRY an Maryland Loborer None 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME attending pur Lala Mitchell Henry Burris IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 17. INFORMANT 16. SOCIAL SECURITY NO Address Ida Da hiell Salisbury. 4166 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO burial. Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse ar attending directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health prior ta TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 4 may be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED Hour o.m. foctory, street, office bldg., efc.) Not While of work ot/work 21. I certify that (1) (this haspital) attended the deceased fram\_ 19 6 that (1) (we) last 1966, and that death accurred at 9 M, fram lauses and an the date stated above. saw the deceased alive on. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S. NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) Salisbury Wicomico Green Arces Cemetery 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 1966



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE Waryland b. COUNTY by the fine Pages 1 ars after Wicomico Wicomico MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b bon papers. Pag within 72 hours Mardela Mardela = filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Rt. #1. Athol YES NO Athol etely NAME OF 3. First Middle Last DATE Month Day DECEASED DF DEATH ve carb CLAYTON THOMAS CALIDWAY 8 comple (Type or print) September 19 66 executed 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) | Months | and Days Hours 1 Male White Jan. 14,1904 WIDOWED | DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY sician lease r and im 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? death certificate be Farming Athol, Maryland USA Farmer 13. FATHER'S NAME removal, 14. MOTHER'S MAIDEN NAME Nancy Ellen Truitt William Edward Calloway 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (If yes give war or dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Address Mrs. Pauline Calloway (Wife) d by the att transit perm cremation, o No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ] INTERVAL BETWEEN that the -transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that the hospital or attending physician. ETASTATIV IMMEDIATE CAUSE (a) gned Jins been si he buria, burial, p DUE TO ANCER Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. SB CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health use PERFORMED? certificate NO D 20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached f te Dept. of I MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While After ATTENDING p.m. at work at work retained D 21. I certify that (1) (this hospital) attended the deceased from 19 19 that (I) (we) last \_ to. DIRECTOR: age 3 should led with the and that death occurred at M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE pe page 1966 Sept. DIRECTOR PHYS. may HOSPITAL FUNERAL 22d. ADDRESS PHYSICIAN'S director, p NAME (Type) Stephanides Davis St., Salisbury, Maryland Marcus D. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 0 Mardela, Maryland Mardela Cemetery Burial REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS HOLLOWAY & COMPANY, SALISBURY, MARYLAND VR A.15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY < after Wicomico c. CITY OR TOWN (if outside corporate limits, write RURAL and give hearest town) MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b letely filled in by t irbon papers. Page t, within 72 hours a write RURAL and give nearest town) Salisbury NCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Peninsula General Hospital NO X YES letely NAME DE DATE Middle Last Month Day DECEASED (Type or print) DEATH 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IIF UNDER 24 HRS remove 8. 9. 7. MARRIED NEVER MARRIED last birthday) Months Days Hours any and WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) 5 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT ician IRTHPLACE (County & State, or foreign country) lease and in during most of working life, even if retired) INDUSTRY LECTRONIC GNGINE 0 death certificate removal, 13. FATHER'S NAME attending ph 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. I 17. INFORMANT Address permit. 5 (Yes, no, or unkown) | (If yes give war or dates of service) cremation, the CAUSE OF DEATH [ Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN law requires that the ONSET AND DEATH signed by urial-transit PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) been Signal-tra the burial-tra DUE TO Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating underlying cause last. (c) 38 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY use PERFORMED? CERTIFICATI certificate NO D YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached f OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) After the de de de State factory, street, office bldg., etc.) Hour a.m. While Not While at work at work the 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last DIRECTOR: age 3 should iled with the saw the deceased alive or and that death occurred at AtM. from the causes and on the date stated above. 22a. SIGNATURE 22b. ATTENDING STAFF DIRECTOR M.D. PHYS pa 三 FUNERAL ADDRESS irector, p 22c. PHYSICIAN'S 22d~ NAME (Type) plnods NAME OF CEMETERY OR CREMATORY City, town or ecupt (State) BURIAL, CREMATION, 23b. DATE THEREOF NOTE 5 p REMOVAL (Specify) **EUNERAL DIRECTOR** REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) 20M 1/65

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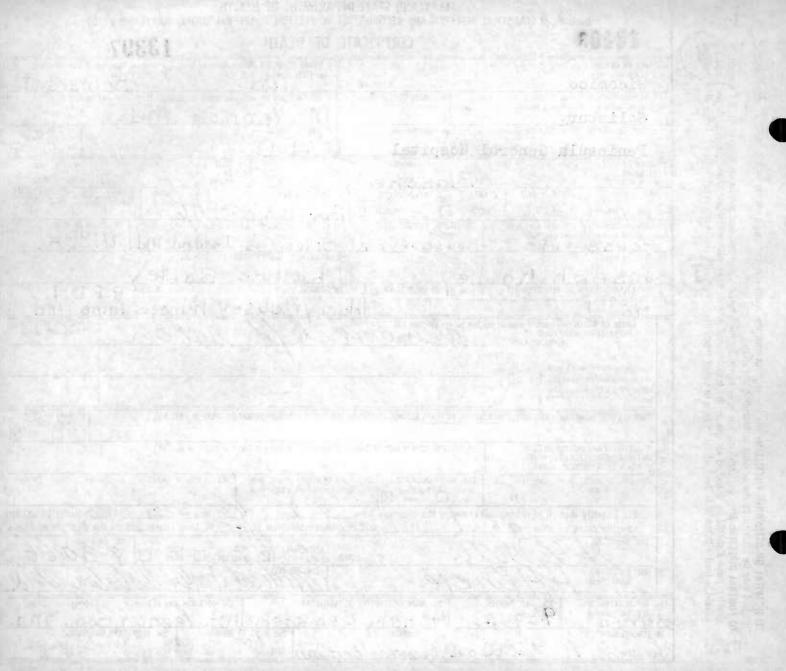
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY by the fine Pages 1 urs after a. STATE b. COUNTY after Wicomico MARYLAND Maryland #icomaco b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sength of Stay 1986 hours hours Salisbury = Adm. in-one Salisbury completely filled in ove carbon papers. v event, within 72 hc d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Peninsula General Hospital 210 West Main Street NOXX YES death certificate be executed within 3. NAME DE First Middle 4. DATE Last Month Oay Year DECEASED OF (Type or print) ROGER DEATH SAMUET 1966 CAREY September етоме 5. SFX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED OATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) any Months Oavs Hours Male White WIDOWED | DIVORCEO [ Sept.28,1902 physician a n please re val, and in a 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Chauffer (Retired) Chauffering Virginia USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attenting phermit Then Horace Edward Carey Ocie Lambertson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITYNO. INFORMANT Bernice J. Carey (Wife) Unknown 221-07-0123 Main Street, Salisbury. burial-transit po burial, crematic 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PHYSICIAN: The law requires that the the hospital or attending physician. been signed by the burial-transit or to burial, crems ONSET ANO DEATH PART I. OEATH WAS CAUSED BY: ear (enale IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to Immediate DUE TD cause (a), stating the as th underlying cause last. certificate has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION WAS AUTOPSY PERFORMED? YES NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. OESCRIBE HOW INJURY OCCURREO. (Enter nature of Injury in Part I or Part II of Item 18.) hed f (IF EITHER, NOTIFY MEDICAL EXAMINER) N/A detach MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After Not While Page 4 may be retained by be at work at work director, page 3 should should be filed with the ould the 9/18 21. I certify that (I) (this hospital) attended the deceased from 1966 19 66, that (I) (we) last . to\_ and that death occurred at 4:20M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNEO STAFF PHYS. ATTENOING Sept M.O. OIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Wilbur R. lis. Conter, Selisbury Man | 23d. LOCATION (City, town or county) BURIAL, CREMATION, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Buria 196 Parsons Cemeterv Salisbury FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE & COMPANY. SALISBURY. MARYLAND 66 VR A15 (4) 20M 1/65

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH filled in by the funeral n papers. Pages 1 and 2 ithin 79 haurs after death. requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) d. COUNTY Wicomico a. STATE b. COUNTY papers. Page. 77 haurs after o MARYLAND Mary land Wicomico c. CITY OR TOWN (If outside carparote limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn)
Salisbury Salisbury d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) IS RESIDENCE ON A FARM? within 72 Peninsula General Hospital Newton Street YES NO EX and campletely fi NAME OF 4. DATE Month Last Day Year DECEASED THELL DEATH DEPTEMBER any event (Type ar print) IF UNDER 24 HRS. S. SEX AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Manths Haurs Days Feb. 3, 1894 White Female WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT crematian, or remayal, and in during mast af warking life, even if retired) **INDUSTRY COUNTRY?** Salisbury, Maryland Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mattie McKinley Morris Walton WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT permit. W. Walton Cathell (Son) (Yes, na, ar unknown) (If yes give war ar dates of service) 1506 Grey Court Ave Richmond Va CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital ar attending physician. DEUNERAL DIRECTOR: After this certificate has been signed by DUF TO burial Canditians, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar ta 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES -NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) N/a (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar tawn) (Caunty) (State) 20c. TIME OF INJURY Manth, Day, Year Haur a.m. factory, street, affice bldg., etc.) at wark 21. I certify that (1) (this hospital) attended the deceased fram. 19 y, ta 196 that (1) (we) last 3 shauld 1966, and that death occurred of 3 A M. from causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Philip Main Street, Salistury, Maryland 23a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) REMOVAL (Specify) Parsons Cemetery Salisbury 9 Burial 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Judge VR A15 (4) Charlen HOLLOWAY & COMPANY, SALISBURY, MARYLAND 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13404 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE EALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) delay 12 d o. COUNTY o STATE b. COUNTY af Wicomico death. Maryland Wilcomico MARYLAND Department b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) after Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? haurs Navlor Mill Road Northwood Drive Item 18. Give Pages ate NO F NAME OF First Middle Lost 4 DATE Year Doy DECEASED the CROCKETT VERNON OLIVER SEPT. 19 66 (Type or print DEATH within with S. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdoy) Months Dovs Hours Male White haurs WIDOWED DIVORCED event March 27 7903 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life even if retired)
Trash Collector USA COUNTRY? INDUSTRY any Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FX OF THE Joseph S. Crockett Sarah Margaret Guy pup 15. WAS DECEASED EVER IN ILS ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT be executed permit. Mrs. Marie E. Jenkins(Sister) Locustville, Virginia 23404 (Yes, no, or unknown) (If yes give wor or dotes of service) ar remaval. 214-10-7721 No IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) writing the ward certificate shauld burial, crematian, DUF TO farwarded to the Conditions, if ony, which gove rise to immediate couse (a). DHE TO О stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) please execute the certificate. NO p pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) shauld agent, priar PRIMARY Or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Dov. Yeor (Stote) foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page ot work designated 21. I certify that I took charge of the remains described obove, held on Autopsy Inspection 🔀 and in my opinion Notural couses Suicide deoth resulted from: Accident Homicide Undetermined monner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health . Address (Street, city, town, or county) Salisbury. Maryland NAME (Type) Philip Inslev 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 50 Burial'specify) Sept. 8.1966 Parsons Cemetery Salisbury Wic. Maryland REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR 1966 VR ATSME (6) HOLLOWAY & COMPANY, SALISBURY, MARYLANDOSEP

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH death. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Desidence before admission) a. COUNTY COUNTY hours after Wicomico MARYLAND CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENCTH OF STAY IN 1b ve carbon papers. Pag event, within 72 hours Salisbury = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Peninsula General Hospital YES Z NO L letely NAME DE DATE Last Month Day DECEASED (Type or print) DEATH 6. COLOR OR RACE | 7. MARRIED SEX DATE OF BIRTH ACE (In years I FUNDER 1 YEAR IF UNDER 24 ARS етоме NEVER MARRIED Months Davs Hours | any and WIDOWED DIVORCED [ 1Da. USUAL OCCUPATION (Cive kind of work done I 10b. KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT sician lease I during most of working life, even if retired) INDUSTRY certificate FATHER'S NAME MOTHER'S MAIDEN NAME ed by the attend transit permit. cremation, or re 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address death (Yes, no, or uplown) (If yes give war or dates of service) 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH signed by urial-transit PART I. DEATH WAS CAUSED BY: Wack or attending physician. IMMEDIATE CAUSE (a been signed the burial-tr or to burial, ( DUE TD Conditions, If any, which (h) gave rise to immediate DUE TD cause (a), stating the underlying cause last. as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTDPSY 19. for use Health PERFORMED? ND YES 2Da. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) this certi detached f te Dept. of DR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) be de State factory, street, office bldg., etc.) Hour a.m. While Not While ter at work at work P 21. I certify that (I) (this hospital) attended the deceased from 30/M, from the causes and on the date stated above. saw the deceased alive on. and that death occurred at/ 22a. SICNATURE 22b. OATE SICNED page ATTENDING PHYS. DIRECTOR M.D. Page 4 may director, p should be 1 PHYSICIAN'S 22d. ADDRESS NAME (Type). BURIAL, CREMATION, 23h. DATE THEREDF NAME OF CEMETERY OR CREMATORY /LOCATION (City, town or (State) county) EMOVAL (Specify) 9 FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SICNATURE A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY icomic MARYLAND 156/12 (e), COM7, CO Pages b. CITY OR TOWN (if outside corporate limits. c. LENCTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hours = filled papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? First St. YES NO within etely carbon 3. NAME DE First Middle Last DATE Day 4. Month Year DECEASED event, comple (Type or print) DEATH 196 executed emove SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthday) Months any Days and Hours WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (Give kind of work done = 10b. KIND OF BUSINESS OR (County & State, or foreign country) 12. CITIZEN OF WHAT pe during most of working life, even if retired) INDUSTRY borer certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova attending primit. Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFDR MANT 17. permit. Address (Yes, no, or unkown) | (If yes give war or dates of service) cremation, the been signed that it is to burial, cremating 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ERVAL BETWEEN law requires that the ONSET AND DEATH 1. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which gave rise to Immediate DUE TO cause (a), stating the underlying cause last. as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY for use Health use PERFORMED? certificate YES NO T PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ned . 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While 19 at work at work p.m. be retained should ith the 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: Jge 3 should led with the 1966, that (I) (we) last saw the deceased alive on and that death occurred at from the causes and on the date stated above. 22a. SICNATURE DATE SICNED ATTENDING STAFF PHYS. Page 4 may t M.D. PHYS. DIRECTOR 22c. PHYSICIAN'S ADDRESS director, p 22d. NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) 23b. 23c. NAME OF CEMETERY OR CREMATORY (City, town or county) 23d. LOCATION (State) 2 FUNERAL DIRECTOR **ADDRESS** REC'D BY REGISTRAR 25b. REGISTRAR'S SICNATURE VR A.15 (4) DATE 20M 1/65

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1340 CERTIFICATE OF DEATH by the funeral .. Pages 1 and 2 naurs after death. PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY Wicomico MARYLAND Maryland Wicomico b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corparate limits, write RURAL and give negrest town) completely filled in by the rave carbon papers. Page ny event, within 72 haurs at Salisbury Davs Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Deer's Head State Hospital, Salisbury, Md. Camden Ave. YES NO To 3 NAME OF Middle 4. DATE Lost Month Dov Year DECEASED rentave carb (Type or print) Hone Halo Foskev DEATH 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthdoy) Months Doys Hours Fx: DIVORCED May 16.1905 and in ahy Female White WIDOWED and 12. CITIZEN OF WHAT COUNTRY? 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) physician a INDUSTRY during most of working life, even if retired)
Tailor (Seamstress La Grange, Indiana Tailoring 13. FATHER'S NAME MOTHER'S MAIDEN NAME Harvey H. Holden Wava B. Mingis attending permit. The 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give war or dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Mr. Milton M. Holden (Brother) 220-16-9990 708 N. Washington Street, Easton. Maryland 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit p PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Advanced CA of the right lung with metastasis by IMMEDIATE CAUSE (o) physician. to cervical glands. DUE TO signed Conditions, if ony, which gove rise to immediate couse (o). DUE TO stating the underlying couse be retained by the haspital or attending as the priar ta this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use far use Health YES NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached f te Dept. af k (IF EITHER, NOTIFY MEDICAL EXAMINER) N/A 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. factory, street, office bldg., etc.) Not While ot work O FUNERAL DIRECTOR: After ot work pe 19 66 y ta 19 66 that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased from shauld and that death occurred at 5:05 M, from causes and on the date stated above. saw the deceased olive or 66 22o. SIGNATURE 22b. DATE SIGNED MED. ATTENDING V M.D. DIRECTOR PHYS. 9/19/66 PHYS. r, page 3 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) L. V. Maldve. M. D. Deer's Head State Hospital, Salisbury, Md. directar, should b 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) 230. BURIAL, CREMATION, (County) REMOVAL (Specify) Salisbury, Maryland Wicomico Memorial 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 COMPANY, SALISBURY, MARYLAND Charley HOLLOWAY 1966

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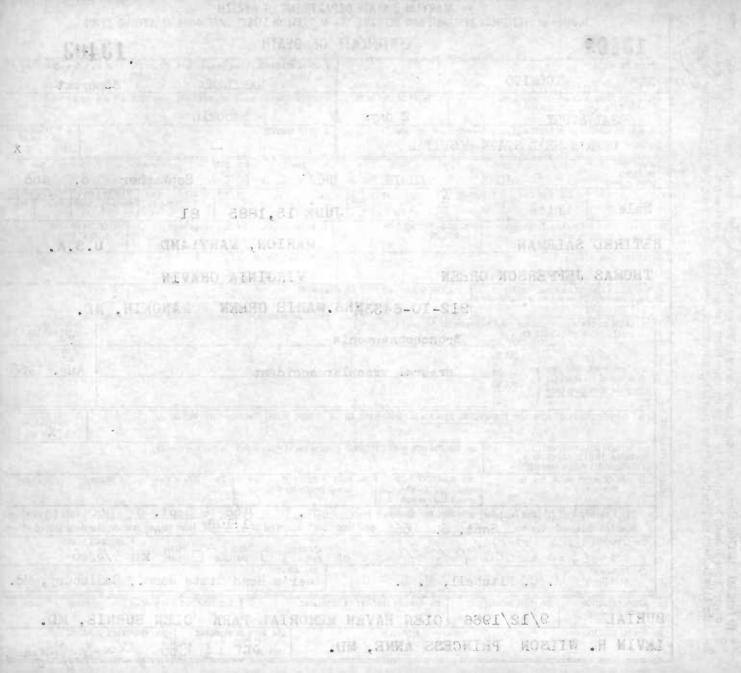
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) dea a. COUNTY b. COUNTY Wicomico Maryland Wicomico MARYLAND Pages b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) þ Salisbury Salisbury Ξ. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within Peninsula General Hospital Newton Terrace NO X YES and completely fremove carbon party event, within executed within NAME OF Middle Last DATE Month Year Day DECEASED (Type or print) LISA 1966 ANNE GLADDEN 26 DEATH September 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 7. MARRIED NEVER MARRIED Female White Sept. 24. WIDOWED Baby DIVORCED F 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be lease and i INDUSTRY COUNTRY? Salisbury. Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal Roy Walter Gladden Brenda Frances Phippin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ed by the attend transit permit. cremation, or ru 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) & Mrs. Roy W. Gladden, no Newton Terrace, Salisbury, Maryland CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH al-trans PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) PHYSICIAN: The law requires that the hospital or attending physician. gned DUE TO been sig Cenditions, If any, which (b) gave rise to Immediate the r DUE TO cause (a), stating the as th underlying cause last. (c) certificate has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO X YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) t. of CAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) Hour a.m. Not While retained by at work at work 19 Sept 24 , 1966 , to 21. I certify that (I) (this hospital) attended the deceased from\_ DIRECTOR: age 3 should led with the 26 1966. saw the deceased alive on. and that death occurred a 2:25 M, from the causes and on the date stated above. 22a. SIGNATURE A.M. 22b. DATE SIGNED ATTENDING page MFD. STAFF PHYS. Page 4 may I DIRECTOR M.D. PHYS. director, par should be fil 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) William C. Morgan Medical Center. Salisbury, Maryland 23d. LOCATION (City, town or county) BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Sept.28,1966 Parsons Cemetery Salisbury, Buria REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR | 25b. HOLLOWAY & COMPANY, SALISBURY, MARYLAND VR A15 (4) DATE 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 3403 gnd completely filled in by the funeral ove carbon papers. Pages 1 and v event, within 72 hours after deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY WTCOMTCO MARYLAND Somerset MARYLAND executed within 24 hours after CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Manokin 2 days SALISBURY e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS DEER'S HEAD STATE HOSPITAL YES NO X NAME OF First Middle 4. DATE Lost Month Doy Year DECEASED 1966 JOHN EDWIN GREEN September (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED birthdoy) Months Dovs Hours Male White WIDOWED DIVORCED JUNE 15.1885 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
RETIRED SALEMAN INDUSTRY eose puo MARION. MARYLAND requires that the death certificate 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or removal THOMAS JEFFERSON GREEN VIRGINIA GRAVIN 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) 212-10-6433MRS.MARIE GREEN MANOKIN. MD. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH buriol-tronsit Bronchopneumonia IMMEDIATE CAUSE (o) signed by DUF TO Aug. 1966 Conditions, if ony, which gove Cerebral vascular accident rise to immediate couse (a). DHF TO stoting the underlying couse has been os the PHYSICIAN: The law lost. 19. WAS AUTOPSY PEREORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate the hospital or 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Not While of work ot work 21. I certify that (1) (this hospital) attended the deceased from Sept. 6 1966 to Sept. 8 1966 that (1) (we) last saw the deceased alive an Sept. 8 186, and that death accurred at 1:10PM, fram causes and an the date stated abave. 22b. DATE SIGNED 220. SIGNATURE MED. DIRECTOR STAFF PHYS. 9/8/66 M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S Deer's Head State Hosp., Salisbury, Md. A. C. Mitchell, M. D. NAME (Type) director, shauld b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 230. BURIAL, CREMATION, (County) (Stote) BURTA (Specify) 9/12/1966 GLEN HAVEN MEMORIAL GLEN BURNIE, MD. PARK 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR **ADDRESS** 24. FUNERAL DIRECTOR VR A15 (4) LEVIN R. WILSON PRINCESS ANNE. MD. 1966 Mianter



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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY a. STATE b. COUNTY Wicomico Virginia MARYLAND Deportment b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b puo DOA Arlington Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE Office olong with form hours ON A FARM? Item 18. Give Poges 1, Peninsula General Hospital 4910 North 25th St. NO X 3. NAME OF 4. DATE Year DECEASED within (Type or print) DEATH S. SFX IF UNDER 1 YEAR 6. COLOR OR RACE NEVER MARRIED lost birthdoy) Months Dovs Haurs Oct. 13, 1945 Cauc. WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Florida USA d "pending" in pencil in Chief Medicol Exominer's 13. FATHER'S NAME be executed within Clark William Hamm Edith Embrey 17. INFORMANT St., Arlington, Address Va. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. ec. (55) 231 58 4584 (Yes, no or unknown) (It ves give war or dotes of service Viet Nam Dec. ar removal. Mr. Clark William Hamm, 4910 North 25th CAUSE OF DEATH (Enter any one cause per line for (a)-(b), and (c) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH hactured IMMEDIATE CAUSE (a) This certificate should writing the word buriol, crematian, DUF TO Conditions, if any, which gave rise ta immediate couse (a), DUE TO stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO X the certificate. 200. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING CAUSE OF DEATH. agent, prior 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II af item 18.) 20c. TIME OF INJURY Month, Day, Year 6 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (State) (City or town) actory street, affice bldg., etc.) Nat While moy be retained for your FUNERAL DIRECTOR: Poge designoted a of work 21. I certify that I took charge of the remains described above, held an Autapsy ... Inspection X Inquiry , the funeral director. Accident V. death resulted from: Notural couses Suicide Undetermined manner Hamicide | CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** TO FUNE! Address (Street, city, tawn, or caunty) NAME (Type) 23d. LOCATION (City or Tawn) 23c. NAME OF CEMETERY OR CREMATORY (County) (State) Arlington National Cemetery, Arlington, Virginia 2Sb. REGISTBAR'S SIGNATURE REC'D BY REGISTRAR harley VR A15ME (5) 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death and PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY the f Pages 1 urs after Wicomico USSEX MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ve carbon papers. Pag event, within 72 hours hours BRGETOWN .= Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE Peninsula General Hospital etely NAME OF First DATE Middle Last Month Day DECEASED OF (Type or print) DEATH 10 5. SEX AGE in years IF UNDER 1 YEAR IF UNDER 24 HRS.

Age birthday) Months | Days | Hours | Min. 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED remove in any Months Days and DIVORCED WIDOWED 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician ease and RAIL ROAF certificate 0 13. FATHER'S NAME MOTHER'S MARDEN NAME remova attending permit. Then donovan 980R62 CHQEL ed by the attend transit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address death (Yes, no. or unkown) (If yes give war or dates of service) BETHEL been signed by the the burial-transit or to burial, cremati 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating the as th underlying cause last. has (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health certificate hospital or YES PHYSICIAN: this cerum detached for 2Da. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part Up Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) I be detached State Dept. ( 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) DIRECTOR: After tage 3 should be de factory, street, office bldg., etc.) Hour a.m. While Not While at work at work p.m. 19 retained 21. I certify that (I) (this hospital) attended the deceased from -10 and that death occurred at 7 1/2 from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE OR be page M.D. DIRECTOR 22c. PHYSICIAN'S O HOSPITAL FUNERAL ADDRESS director, p 22d. NAME (Type) BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county REMOVAL (Specify) 2 FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH ang 2 death. after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY in by the fi s. Pages 1 hours after of Wicomico Wicomico Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Salisbury c. LENGTH OF STAY IN 1b c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled e. IS RESIDENCE d. STREET ADDRESS Wicomico County Nursing Home ON A FARM? 104 W. Isabella St within YES NO completely we carbon p 3. NAME OF Year First Middle Last DATE Month Day DECEASED event, MARY VIRGINIA HEARING 19 66 SEPT. (Type or print) DEATH executed AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Ist birthday) | Months | Days | Hours | Min and con remove any eve 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED Female White WIDOWED X DIVORCED [ NOV. 6 attending physician a ermit. Then please re on, or removal, and in a 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT pe during most of working life, even if retired) INDUSTRY None Maryland. None Port Deposit death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GEORGE MOHRLEIN Sophia Sistzler igned by the attend rial-transit permit. rial, cremation, or re 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. | 17. INFORMANT L. Hentschel (Daughter) (Yes, no, or unkown) (If yes give war or dates of service) Mrs.Clay No 36 as CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. been signed the burial-transt to burial, cre IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate has been e as the t DUE TO cause (a), stating the underlying cause last. S PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY certificate hather the street of Health p PERFORMED? NO T YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part Vor Part II of Item 18.) After this certifuld be detached for State Dept. of I 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work at work be retained 19.66 3 should with the 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at AM, from the causes and on the date stated above. saw the deceased alive on 22a. STGNATURE 22b. DATE SIGNED MED.
DIRECTOR ATTENDING Sept. Page 4 may Pag I FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS director, p should be f NAME TYPE David J.Gilmore Medica] Center BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 0 Woodlawn 66 Cemeterv Woodlawn, Md. 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS DATE SEP HOLLOWAY & COMPANY VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 3415 EALTH DEPT. PLACE OF DEATH delay 1. nd 3 ta Page o. COUNTY a. STATE b. COUNTY Wicomico Maryland Baltp.City to death. MARYLAND Department b. CITY OR TOWN (If autside carparate limits, write RURAL and give neorest town) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) r LENGTH OF STAY IN 16 after Baltimore -Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE 72 haurs ON A FARM? 500 S. Beachfield Avers Allen Road State 3. NAME OF Middle First 4. DATE Lost Month Year DECEASED the MARTHA MARGERET HERZING 19 66 SEPT. 4th within (Type or print) DEATH S. SEX 6. COLOR OR RACE DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED X AGE (In years NEVER MARRIED last, birthdoy) Months Hours White Female WIDOWED DIVORCED and 2 event 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Nursing Baltimore, Maryland any \_ pencil 13. FATHER'S NAME be executed within William L. Herzing Martha M. Bentz above -Item#2) 16. SOCIAL SECURITY NO rd "pending" in Chief Medical E ather (Same as Phone-644-0808 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) writing the ward certificate should cremation, DHF TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse OS D burial, WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO X the certificate 20o. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) designated agent, priar CAUSE OF DEATH App Hour o.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, 14m. (City or town) (County) (Stote) Not While of work Highway Wicomico County, Md. please execute Inspection K 21. I certify that I took charge af the remains described abaye, held on Autapsy for and in my apinian Accident . the funeral directar. death resulted fram: Natural causes Suicide Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY A. Msley Philip DEPUTY MEDICAL EXAMINER necessary Health ar 1966 Sept may Salisbury Maryland NAME (Type) Address (Street, city, town, or county) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23d. LOCATION (City or Town) (Stote) 50 REMOVAL (Specify) 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR VR A15ME HOLLOWAY COMPANY SALISBURY MARYLAND DATE

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 347 death requires that the death certificate be executed within 24 haurs after death the funeral ages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY Wicomico b. COUNTY nit. Then please remove carban papers. Pages 1 ortemaval, and in any event, within 72 hours after MARYLAND in by the Pages CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If Jutside carparote limits, write RURAL and give nearest town) Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) IS RESIDENCE ON A FARM? d. STREET ADDRESS completely filled Peninsula General Hospital NO 3. NAME OF 4. DATE Month Lost Dov Year DECEASED (Type or print) 19 DEATH 8. DATE OF BURTH IF UNDER 24 HRS. S. SFX 6. COLOR OR RACE AGE (In years IF LINDER 1 YEAR 7. MARRIED lost birthdoy) Months Hours Doys WIDOWED DIVORCED and 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? **INDUSTRY** eading physician mit. Then please ARM GR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 0 IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no or unknown) (If yes give wor or dotes of service) **TO FUNERAL DIRECTOR:** After this certificate has been signed by the after director, page 3 shauld be detached for use as the burial-transit per shauld be filed with the State Dept. af Health priar ta burial, cremation, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUF TO Conditions, if ony, which gove rise to immediate couse (a). **DUE TO** stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT, RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) CERTIFICATION NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, 20f. (City or town) 2Dc. TIME OF INJURY Month, Doy, Year (County) (Stote) Hour a.m. While Not While foctory, street, office bldg., etc.) 19 ot work ot work 21. I certify that (I) (this hospital) attended the deceased from, saw the deceased alive an. 220. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF M.D. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. 10CATION (City or Town) (Stote) (County) REMOVAL (Specify) GREEN 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATUR VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13418 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission, o. COUNTY o. STATE b. COUNTY death. 0 of Wicomico Mary Land Worcester MARYLAND delay and 3 Deportment b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) after Salisbury Whaleyville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours Office olong with form DOA Peninsula General Hospital State Labor Camp Give Poges YES 🗌 NO I ofter deoth. 3. NAME OF Middle First Lost 4. DATE Month Doy Year within 72 DECEASED ALBERT **JOHNSON** 9-27-66 (Type or print) 19 DEATH with IF UNDER 1 YEAR S. SEX 9. AGE (In years IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BURTH lost birthdoy) Months Item 18. Days Hours AA WIDOWED DIVORCED hours 51 Yrs. 10o\_USUAL OCCUPATION (Glye kind of work done TOO. KIND OF BUSINESS OR . BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT duringunost of working life even if retired) COUNTRY? = Chief Medical Exominer's 13. FATHER'S NAME pencil poge in a MOTHER'S MAINEN NAME 14. be executed within and 16. NOTIAL SECURITY NO. IS. WAS DECEASED EVER IN US ARMED FORCES? (Yes, no. or u) known) ((If ye fgive war or dotes of service) INFORMANT Address A permit. removal, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY ONSW AND DEATH Minutes Coronary occlusion used as o burial-trans burial, cremation, or IMMEDIATE CAUSE (a) This certificate should re certificate, writing the word should be forwarded to the Ch DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUF TO stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? the certificate. NO its designated ogent, prior to pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING O AL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) moy be retained for your FUNERAL DIRECTOR: Page Hour o.m. factory, street, office bldg., etc.) While Not While at wark ot work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection X Inquiry X. and in my apinian Natural causes X death resulted ram: Accident . Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY L. Royer, M.D. 0 DEPUTY MEDICAL EXAMINER 409 Camden Ave., Sept. 29, 1966 Health Salisbury, Md. NAME (Type) Address (Street, city, town, on county) NAME OF CEMETERY OR PREMATO 23b. DATE THEREOF 50 REMOVIAL (Specify) 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Melianles VR A15ME

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13419 CERTIFICATE OF DEATH death. law requires that the death certificate be executed within 24 haurs after death the attending physician and campletely filled in by the funeral sit permit. Then please, remave carban papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY Dorchester a. COUNTY Wicomico Marvland MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give negrest town) b. CITY OR TOWN (If autside carparote limits. write RURAL and give nearest tawn) 8798966 Salisbury Cambridge ban papers. within 72 ha d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO V Pine Bluff State Hospital 1100 Mace's Lane 3. NAME OF Middle DATE Manth Day Year DECEASED (Type or print) September 1966 DEATH Louis Alvin Kiah AGE (In years last birthday)
58 yrs. IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Days Colored Male WIDOWED DIVORCED Dec. 14.1907 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during mast of warking life, even if retired) COUNTRY? **INDUSTRY** Dorchester Co., Md. U.S.A. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME John Kiah Julia Myster IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war ar dates af service) 16 SOCIAL SECURITY NO. 17. INFORMANT Records of Piness Bluff State Hospital, Salisbury, 214-07-9156 INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pulmonary Tuberculosis IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause the TO FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) MEDICAL CERTIFICATION NO far 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar tawn) (County) (State) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Nat While at wark at wark 21. I certify that (this hospital) attended the deceased from August 29, 1966, to Sept. 27, 1966 that (0) (we) lost saw the deceased alive on Sept. 27, 1966, and that death occurred 1:50% Mam causes and an the date stated above. 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. Sept. 27,1966 DIRECTOR M.D. 22d. ADDRESS Pine Bluff State Hospital 22c. PHYSICIAN'S NAME (Type) Maryland -21801 Ritchings. M.D. 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATION 10/1/66 Bethe! Cambridge 256. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR ADDRESS 24. FUNERAL DIRECTOR. VR A15 (4) 20 M 1/66 Milarles DATE OCT Cambridge, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 24 hours after death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Worcester by the faces 1 ars after Wicomico Maryland MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury Whalevville Ξ etely filled in bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Peninsula General Hospital NO X YES completely carbon NAME OF Last DATE Month Year Day DECEASED (Type or print) EWIS DEATH IEMBER 19 10 SEX 6. COLOR OR RACE remove 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIEB NEVER MARRIED last birthday) Months Days any and WIDOWED [ DIVORCED Feb 1909 physician an please ru = 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Farm Poultryman Maryland USA law requires that the death certificate Then ple removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Ella Baker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? signed by the attend burial-transit permit. burial, cremation, or re 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) 220-10-9814 Rada Lewis Whalevville, Md CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to Immediate DUE TO cause (a), stating the underlying cause last. 38 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? PHYSICIAN: The certificate CERTIFICAT مند YES X NO T 20a. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) o d OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While retained by at work p,m, at work DIRECTOR: A age 3 should lied with the S 1966 P 1966, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at saw the deceased alive on. M. from the causes and on the date stated above. 22a. SIGNATURE pe page (.D DIRECTOR M.D. PHYSICIAN'S FUNERAL director, p should be 1 ADDRÉS NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 2 66 Dale Whaleyville. ADDRESS REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY a. STATE after Md Worcester Wicomico MARYI AND Pages urs aft b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b write RURAL and give nearest town) 24 hours Ocean City alisbury = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE filled d. STREFT ADDRESS ON A FARM? you pap Peninsula General Hospital 106 Philadelphia Avenue YES NO executed within completely pou 3. NAME DE First Middle DATE Month Day Last DECEASED (Type or print) DEATH NN 6. COLOR OR RACE | 7. MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH 5. SEX remove 8. NEVER MARRIED last birthday) Months Davs WIDOWED DIVORCED 12. CITIZEN OF WHAT = 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) hysician please r I, and in during most of working life, even if retired) COUNTRY? INDUSTRY Wicomico Co.. Md. FATHER'S NAME MOTHER'S MAIDEN NAME Then remova signed by the attending parial-transit permit. Then urial, cremation, or remove W RT HOM 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes. no. or unkown) | (If yes give war or dates of service) INTERVAL BETWEEN 18. CAUSE DF DEATH [ Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: or attending physician. VINDID IMMEDIATE CAUSE (a) been signed the burial-tr or to burial, c DUE TO Conditions, If any, which (b) gave rise to immediate DUF TO cause (a), stating underlying cause last. as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY use PERFORMED? MICYOCEYHALY 3) 15x3/5/19 CERTIFICAT YES D NO T web neck 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I of Part II of Item 18.) tached f Dept. of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While 19 at work at work p.m. retained DIRECTOR: A age 3 should lied with the \$ v 21. I certify that (1) (this hospital) attended the deceased from AM, from the causes and on the date stated above. and that death occurred at saw the deceased alive on DATÉ SIGNED 22b. SIGNATURE 22a. pe page ; STAFF DIRECTOR M.D. PHYS Page 4 may O HOSPITAL PHYSIAIAN'S NAME (Type) 22d. ADDRESS FUNERAL director, p 22C. (State) NAME OF CEMETERY-OR-OREMATORY LOCATION (City, town or county) BURIAL, CREMATION. 23b. DATE THEREOF 23c. 23d. REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 20M 1/65

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. and completely filled in by the funeral remove carbon papers. Pages 1 and 2 any event, within 72 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician a director, page 3 should be detached for use as the burial-transit permit. Then please in should be filed with the State Dept. of Health prior to burial, cremation, or removal, and the

### MARYLAND STATE DEPARTMENT OF HEALTH

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1.	PLACE DF DEATI	Н			Ī	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)						
	Wicomi	ico		MARYLA	ND	a. STATE Maryland b. COUNTY Wicomico						
	b. CITY DR TOW	N (if outside corporation and give nearest tow	te limits,	c. LENGTH OF STAY II		c. CITY OR TOWN (If	outside corp	orate limits, write F	RURAL end glv	re nearest town)		
	Mercel		")			Mar	dela (A	thol)	22	-1		
	d. NAME OF HOS	SPITAL OR INSTITUTIO	N (if not In h	ospital, give street edd	ress)	d. STREET ADDRESS			6	. IS RESIDENCE ON A FARM?		
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3.	NAME DF DECEASED	FI	rst	Middle		Last	4. DATE	Month	Day	Year		
	(Type or print)		OLIA	ISABELLE		LLOYD	DEATH	Septemb	er 22	1966		
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	3	B. DATE OF BIRTH	9.	AGE (In years IFU last birthday) Mor	INDER 1 YEAR	Hours   Min.		
	Female	White	WIDOWED	DIVORCED [		March 30,188	39	77 yrs.	22	nouts   wiii.		
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	FATHER'S NAM					14. MOTHER'S MAIDEN NAME						
		Robert Majo				Alberta	Bradle	У				
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CERTIFICATION	OR CONTRIBUTI	WAS UNDERLYING THE NG CAUSE OF DEATIFY MEDICAL EXAMI	TH NER)	N/A	UCCU	KKED. (Enter nature of	injury in Par	t i or Part ii oi ite	em 10.)			
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				ed the deceased from	m	. 19	to		19, th	at (I) (we) last		
		ceased alive on				death occurred at 2	AM, from	n the causes and				
	22a. SIGNATUR	RE	- 0	•				22	2b. DATE SIG	NED		

MED. DIRECTOR

Sept. 233

PHYSICIAN'S NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE THEREOF

Mardela. NAME OF CEMETERY OR CREMATORY

22d. ADDRESS

M.D.

LOCATION (City, town or county)

(State)

24. FUNERAL DIRECTOR

Mardela Cemetery
ADDRESS

REC'D BY REGISTRAR | 25 Maryland 25b. REGISTRAR'S SIGNATURE

HOLLOWAY & COMPANY, SALISBURY, MARYLAND

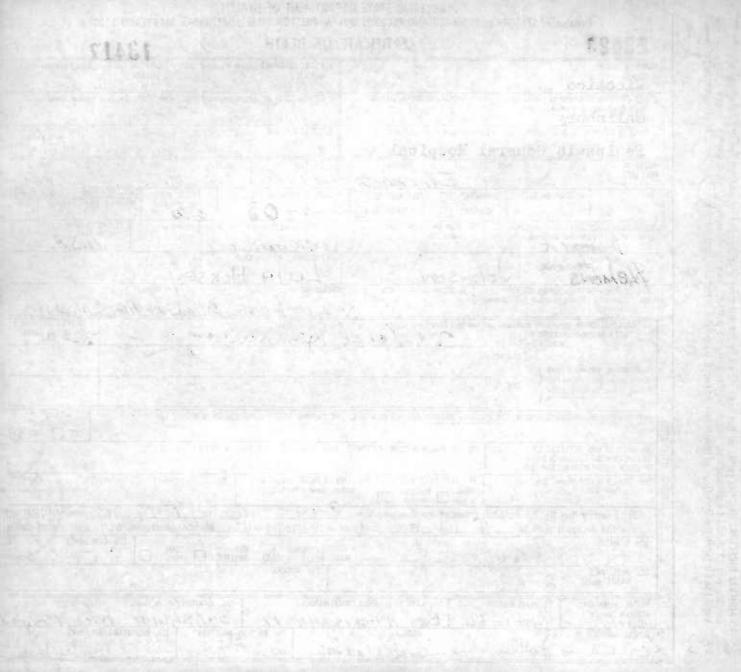
1966

DATE

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### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 3423 death be executed within 24 haurs after death. funeral 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) · COUNTY Wicomico o. STATE b. COUNTY MARYLAND WICOMICO haurs after filled in by the fundamental pages. b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Salisbury 5 e. IS RESIDENCE ON A FARM? papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET AOORESS Within 72 Peninsula General awane Hospital Denue YES T NO [ 3. NAME OF Don DATE First Lost Month Doy Year completely DECEASED 19 (Type or print) DEATH plem IF UNDER 1 YEAR 5. SEX AGE IF UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH In veors 7. MARRIED birthdoy) lost Months Doys Hours remove burial, crematian, ar removal, and in any e WIDOWEO DIVORCED Nearo and 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? attending physician permit. Then please icanico requires that the death certificate Unmest ic MOTHER'S MAIOEN NAME 13. FATHER'S NAME Slemons 14. 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO permit. (Yes, no, or unknown) (If yes give wor or dotes of service) INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit ONSET AND DEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (o' Page 4 may be retained by the hospital ar attending physician. OUF TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse **D FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. Not While foctory, street, office bldg., etc.) ot work 1940 that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. 19000 ta 1900, and that death accurred at 1150 PM, fram causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE DATE SIGNED ATTENDING M.D. DIRECTOR 22d. AOORESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) DA/15 2 Buria 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 1966 20 M 1/66 DATE

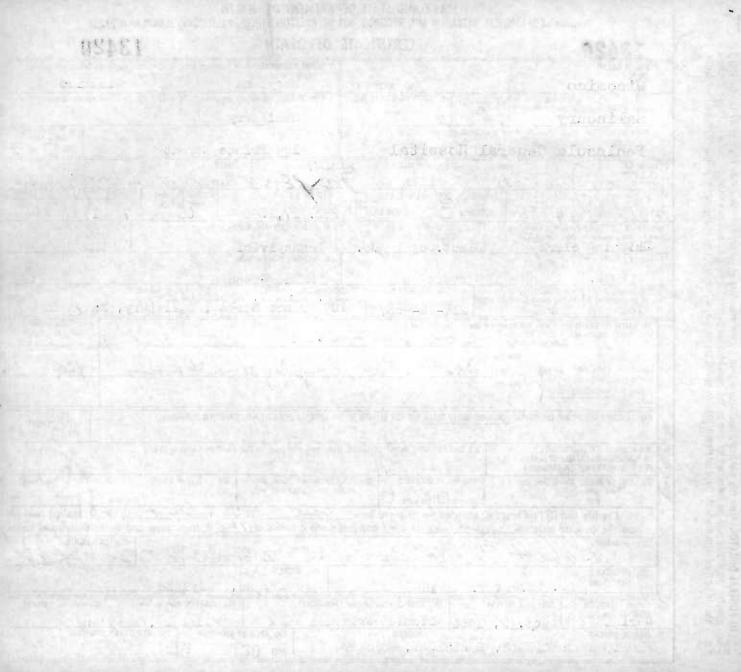


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 3494 law requires that the death certificate be executed within 24 haurs after death death pup 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) physician and campletely filled in by the funeral en please remave carban papers. Pages 1 and 1. PLACE OF DEATH Wicomico o. COUNTY b. COUNTY o. STATMarvland Somerset MARYLAND c. LENGTH OF STAY IN 16 c. CITY QR TQWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits. write RURAL and give nearest town) Dames Quarter Salisbury Since 8/17/66 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 Main Rd Pine Bluff State Hospital YES NOSTS 3 NAME OF Middle 4 DATE Doy Year DECEASED (Type or print) Melvin Messick Earl Sept. 66 DEATH 19 IF UNDER 24 HRS. S. SEX 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED lost birthdoy) Months Dovs Hours Male White 9/27/1907 WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY Somerset Co., Md. Waterman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Messick Mary Messick 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) Records of Pine Bluff State Hospital No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pulmonary Hemorrhage IMMEDIATE CAUSE (o) DUE TO Pulmonary Tuberculosis Unknown Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been the last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO K for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING detached f te Dept. af I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office blda., etc.) Not While ot work ot work 21. I certify that (1) (this haspital) attended the deceased fram Aug. 17 1966 ta Sept. 1 , 1966 that (1) (we) last TO HOSPITAL OR ATTEND Page 4 may be retained saw the deceased glive on Sept. 1 19 66 and that death occurred 47p M, fram causes and an the date stated abave. 22b. DATE SIGNED 22o. SIGNATURE MED. DIRECTOR STAFF PHYS. 9/2/66 K director, page 3 shauld be filed v M.D. 22d. ADDRESS 22c. PHYSICIAN'S E. P. Ritchings, M.D. NAME (Type) Salisbury, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) Burial 9/4/66 Messick Cemeterv Dames Quarter Md 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE Princess Anne MD

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. 3 The law requires that the death certificate be executed within 24 hours after death physician and campletely filled in by the funeral please remave carban papers. Pages I and oval, and in any event, within 72 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. STATE Maryland o. COUNTY Wicomico b. COUNTY Wicomico MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) Salisbury Salisbury IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS Peninsula General Hospital 103 Prince Street YES NO TX WYDES Lost 3. NAME OF 4. DATE Middle Year Manth Day DECEASED (Type or print) ALLEN DEATH AGE (In years S. SEX COLOR OR RACE IF UNDER 1 YEAR 7. MARRIED X NEVER MARRIED birthdov) last Manths Hours Days WIDOWED DIVORCED Feb. 17.1898 13 IDo. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during mast of working life, even if retired) INDUSTRY COUNTRY? Shipping clerk Elect.Supply Co Pennsylvania
14. MOTHER'S MAIDEN NAME US 13. FATHER'S NAME burial, crematian, ar remava (unk. Mamie Green Mvers (Wif eddress 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. UNFORMANT permit. Myers (Yes, no, or unknown) (If yes give war or dotes of service) Prince Street, Salisbury, Maryland 214-10-9667 Yes War INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter anly ane couse per line far (a), (b), and (c).)
PART I, DEATH WAS CAUSED BY: signed by the burial-transit p ONSET AND DEATH pulm over 12 OR IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. DUE TO Engly sena & Fituris Conditions, if any, which gave rise ta immediate couse (a), DUE TO stating the underlying couse FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO YES | 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De. PLACE OF INJURY (Home, farm, 2Dd. INJURY OCCURRED (City ar town) (County) (State) 2Dc. TIME OF INJURY Manth, Day, Year Hour a.m. factory, street, affice bldg., etc.) Nat While 19 of wark at work 21. I certify that (1) (this haspital) attended the deceased fram. 1960 to Dept 30, 1966, that (1) (we) last , and that death accurred at 729/1M, fram causes and an the date stated above. 1966 saw the deceased alive an\_ 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF X DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Fruitland, Maryland Dr. Robert T 23d. LOCATION (City or Town) 23o. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) 0 Wicomico Memorial Park Salisbury, Maryland 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 HOLLOWAY & COMPANY, SALISBURY, MARYLAND



1		13427	ME	DICAL EXAM	INER'S	CERTIFICATE (	OF DEATH	1342	21	
. )		PLACE OF DEATH				2. USUAL RESIDENCE	(Where deceosed lived, if inst	itution: Residence	before odmission)	=
		o. COUNTY Wicomico		M.	ARYLAND	a. STATE Mary	vland b. C	Wico	mico	
		b. CITY OR TOWN (If outside corporor		c. LENGTH OF STA	Y IN 1b		outside corparate limits, write	RURAL ond give	neorest town)	-
		write RURAL and give nearest tov	v (Rural	*		неы	ron		22.1	
		d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospitol	, give street oddress)		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?	-
		Allen Ro	ad			Mai	n Street		YES NO	1
		NAME OF DECEASED	First	Middle		Last	0.5	lonth	Doy Year	
		Type or print)	GINIA	MAE	OWEI		DEATH SEPT			
	S.		CE 7. MARRIEL	NEVER MARK	RIED .	B. DATE OF BIRTH	9. AGE (In years		YEAR   IF UNDER 24 HRS	
	_	Temale White		Sep DIVOR		Sept.8,19	29 YE	11	26	
	duri	. USUAL OCCUPATION (Give kind of wor ng most of working life, even if retired)	done 10b.	KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State		12. CITIZ	ZEN OF WHAT	
	1	ecretary	Ac	counting	2	Wicomic	o Co.Maryla	nd U	NTRY?	
		FATHER'S NAME				14. MOTHER'S MAIDEN				
		elton L.Johns			1		a Ann Denni			_
	(Ye	WAS DECEASED EVER IN U.S. ARMED FO s. no. or unknown) (If yes give wor or NO	datas of convical	SOCIAL SECURITY NO	M	. Welton	L. Johnson	ddress		
				14-34-55	ON Ma	in St. (1	Box 411) He	bron, M	aryland	-
		18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	ne couse per line f r:						INTERVAL BETWEEN ONSET AND DEATH	
		O = 1 IMMEDIATE	1 .	Fractur	200	uch				_
Ì		Conditions, if ony, which gove	DUE TO							
		rise to immediate couse (o), (	(b)							_
		stoting the underlying couse	(c)							
		PART II. OTHER SIGNIFICANT CONDIT		TO DEATH BUT NOT	RELATED TO .	HE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)		19. WAS AUTOPSY	=
	TION	Mal to	/	prind 1	Lacex	4	-		PERFORMED?	2
	CERTIFICATION				OCCURRED.	Enter noture of injury in	Part I or Port II of item 18.)		1 10 0	N
	CERT	20o. EXTERNAL CAUSE WAS PRIMARY OF ONTRIBUTING CAUSE OF DEATH.	-		in ca					
	MEDICAL	20c. TIME OF INJURY Month, Doy,		INJURY OCCURRED	20e. PLAC	E OF INJURY (Home, far	n, 20f. (City or town)	(Coun	ty) (Stote)	-
	MED	App Hour o.m. 4:00 pxx 9/4		le Not While of work	fact	ory, street, office bldg., etc.	Wicomico		.,	
		21. I certify that I took	horge of the re	emains described				nquiry X	ond in my opinio	1
			-	, Accident		de , Homicide			ond in my opinio	•
		0				CHIEF MEDICAL				
		ACTUAL SIGNATURE Tech	a fu	sten			DICAL EXAMINER		22. DATE SIGNED	)
	à	EXAMINER'S Dr. Phyll	ip A. In	sley			AL EXAMINER	Conti	1 17066	
		NAME (Type) Main St		bury Mar 23c. NAME OF CE	vland	Address (Stree	, 11, 1011, 01 10011,	Sept.	4_/1966	
	230	DEMONIAL IC 11.)					23d. LOCATION (City or		ounty) (Stote)	
			t.7,196		Iill I		rdens, Salis	bury,	Maryland	
		FUNERAL DIRECTOR		ADDRESS			D BY REGISTRAR 2Sb.	REGISTRAR'S SIG	PATUR Judge	
	H	OLLOWAY & COM	PANY S.	ALISBURY	- MARY	LAND DATE S	EP 8 1956	1	100	

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# shauld be filed with After this certificate has been signed by the attending physicion and completely filled Then please remove carban papers. Pages 1 page 3 shauld be derached for use as the buriol-transit permit. Then please remove carban papers. Pages 1 the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death. ached for use as the buriol-transit permit.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

13423

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	o. COUNTY	Wicomico	M	ARYLAND	o. STATE	cyland	sed lived. If institution b. COUNTY		e before odr		
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	OR INSTITUTION	ITAL (If not in hospitol, give I ISULA Gener		1	d. STREET ADDR	erry St	reet		10	RESIDENCE N A FARM? NO T	
	3. NAME OF DECEASED (Type or print)	Fannie First	Elle	idle en	Pollitt	4. DATE OF DEAT	Mon H Septemb		Doy 14	Yeor 19 66	
	5. SEX Female		MARRIED NEVER MA	RRIED	B. DATE OF BIRTH Apr. 25,1	1883	9. AGE (In years last birthdoy) 83 yrs.	1	Doys Hou	NDER 24 HRS.	
	during most of wo Seamstre	ION (Give kind of work donorking life, even if retired)	Shirt Mfg			(Stote or foreign	country)	12. CITIZ	USA	T COUNTRY?	
1	13. FATHER'S NAME	Unknown			14. MOTHER'S MAI	iden name Unkn	.own				
	15. WAS DECEASEDEV  Yes, no or unknown)	YER IN U. S. ARMED FORCES (If yes, give wor or dates of service	16. SOCIAL SECURITY		r. Harry	Pollit	t Salis			eet	
		EATH [Enter only one couse EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (o), (b), and	(c).]					INTERVAL ONSET A	BETWEEN ND DEATH HR —	
	Conditions, if gove rise to	immediate	Para cecil.	alseen					10	084	
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1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART COLOR AND ALTERNATION OF THE PART II.								1(o) 19. WA	RFORMED?	
	OR CONTRIBUTING	VAS UNDERLYING Ø G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	b. DESCRIBE HOW INJUR	Y OCCURRE	D. (Enter noture of inju	ury in Port I or P	ort II of item 18.}				
	Y 20c. TIME OF INJU Hour o. m.	. 10	20d. INJURY OCCURRED While Not while of work 0 twork		ACE OF INJURY (Hom- ctory, street, office bld		ity or town)	(C	ounty)	(Stote)	
		21. I certify that (1) (this hospital) attended the deceased fram. 7/5 1966, ta 9/14, 1966, that (1) (we) last									
	220. SIGNATURE										
	22c. PHYSICIAN'S NAME (Type)	Nevins 1	v. Todd, Jr.	, M.	d. Med.	ical Ca	enter, :	Sal.	sbung	9, Ma	
	230. BURIAL, CREMATI	v)	23c. NAME OF C		Cemetery		ATION (City, town, lisbury	or county)	Md	Stote)	
	24. FUNERAL PHECTO	F. Wallace	Salisbur	v.Md	25c	TE SEP	19 1866	STRAR'S SIG	when I	udge	

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13424

	OMIL OF PLANTI	10463
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where of	leceased lived, If institution: Residence before admission)
Wicomico MAR'	LAND JARY	D. COUNTY
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	Y IN 1b c. CITY OR TOWN (If outside co	prporate limits, write RURAL and give nearest town)
Salisbury	OCEAN	1 (ITY
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Peninsula General Hospital		YES NO
3. NAME OF DECEASED (Type or print) MINNIE KATHRYN	POWEII 4. DATE OF DEAT	1 1 10 11
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIE	D 8. DATE OF BIRTH	. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
FEMALE WILDOWED DIVORCE	PT 1406, 27, 1889	yrs.   Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS O during most of working life, even if retired) INDUSTRY		e, or foreign country)   12, CITIZEN OF WHAT
INVALID NONE	MARYLA	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
JAMES O DOMAGE	TOSEPHII	VE BUNDING
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY N	). 17. INFORMANT	Address
(Yes, no, or unknown) (If yes give war or dates of service)		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (	c).1 , 1	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Asid authur	LES ONSET AND DEATH
72.2.0 DUE TO	-VV	
Conditions, If any, which ) (b)		
gave rise to immediate (		
cause (a), stating the underlying cause last. (c)		
	NOT RELATED TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJU  CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)		PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJU	RY OCCURRED. (Enter nature of injury in	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	20e. PLACE OF INJURY (Home, farm,   20f.	(City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   Hour a.m.   While   Not While   at work   at work	factory, street, office bldg., etc.)	(out) of totally (outlies)
	3-7-0	9.67
21. I certify that (I) (this hospital) attended the deceased t		
saw the deceased alive on 1 - 1990	and that death occurred at a CC_M, f	rom the causes and on the date stated above.
228. SIGNATURE	ATTENDING MED.	STAFF STAFF
22C. PHYSICIAN'S	M.D. PHYS. DIRECTOR	□ PHYS. □ 1 /- /4 - 6 C
NAME (Type)	ZZu. ADDRESS	
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF C	THETERY OF OPENINTORY 1 024	OCATION (City, town or county) (State)
PEMOVAL (Specify)	12 02	OCATION (City, town or county) (State)
24. FUNERAL DIRECTOR ADDRESS	ERS DETHEL C	ISTRAR   25b. REGISTRAR'S SIGNATURE
Maland France	0 61/00 0500	0 1000 1001 1 6
(1'NOUGE MUNN, I Tonkford	DATE SEP?	6 1856 Charles Judge

VR AI5 (4) 20M 1/65

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	CERTIFICATE OF DEATH  1 2 1 9 5
Topic of the second	1040.
IVI	PLACE OF DEATH  a. COUNTY  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admiss b. COUNTY  b. COUNTY
-	WICOMCO MARYLAND MARYLAND MARYLAND
	b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town)  c. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town)
	OWELLVILLE SIVAS OWOLLVILLE
Ī	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddless)  d. STREET ADDRESS  l. S. RESIDER
	R FD ON A FAF
=	NAME OF First Middle Last 4 DATE Month Dey Year
	(Type or print) SEPT 30 19 6
	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In years   F UNDER 1 YEAR   F UNDER 24 H
	Months Devs Hours Mi
	WIDOWED DIVORCED DET, 10 1884 81 yrs.
	Da. USUAL OCCUPATION (Give kind of work lone during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country)   12. CITIZEN OF WHAT COUNTRY   13. DISTRIBUTION   12. CITIZEN OF WHAT COUNTRY   13. DISTRIBUTION   13. CITIZEN OF WHAT COUNTRY   14. DISTRIBUTION   15. CITIZEN OF WHAT COUNTRY   15. CITIZEN OF WHAT COUNTRY   16. CITIZEN OF WHAT COUNTRY   17. DISTRIBUTION   18. CITIZEN OF WHAT COUNTRY   18. DISTRIBUTION   18. CITIZEN OF WHAT COUNTRY   19. CITIZEN OF WHAT COUNTRY   1
	TARMER SELFEMP, PONELLY, LLEIP VSA
	3. FATHER'S NAME
	JUHN GILLIS PRYNG MAGGIE DETHARDS
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? L.16. SOCIAL SECURITY NO. 17. INFORMANT  (es, no, or unknown) (lifyes give were or deless of service)
	No Nes J. EDWARD RAYNE PUWELLY
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Physics Induced the Santa Death
۱	DUE TO
	Conditions, if any, which ) (b) Description to it and arthurstand
	gave rise to immediate cause
	(a), stating the underlying DUE TO
	ceuse last.  (c) Hy fluid (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO
	PERFORME
	Disasted, competiting confisid to bed for 5 years YES NO
	20a. ACCIDENT WAS UNDERLYING     (20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Pert I or Pert II of item 1B.)
	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, factory, streat, office bldg., etc.) (City or town) (County) (State
	Hour e.m. While Nor While factory, straat, office bigg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from 19.50
	saw the deceased alive on 7 20 1966 and that death occurred at 11.30 R. Norm the causes and on the date stated about
	22e. SIGNATURE
	ATTENDING MED. STAFF 9 2-16 1/ SIG
	22c, PHYSICIAN'S  22d. ADDRESS
	NAME (Type)
	38. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)
	(3) 2 A L 19-24-661 STI JOHNS TOWELY, LEE WICKET
	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	Homa A. Burbage perlin 1 M. DATE SEP 29 1966 Polishles Judge

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral death 24 hours after death 1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Pages 1 Wicomico MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Salisbury 드 KO.) rbon papers., within 72 hc d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Peninsula General NO A Hospital etely 3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED DF DEATH event, (Type or print) MAUDOR 19 /00 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 8. 7. MARRIED NEVER MARRIED remove last birthday) Months I Days Hours I any WIDOWED T DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR = 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician lease and ir during most of working life, even if retired) INDUSTRY COUNTRY ?certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME he attending ph permit. Then гетоуа 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 0 (Yes, no. or unkown) (If yes give war or dates of service) transit perm cremation, the 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN law requires that the ONSET AND DEATH I-transi p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending physician. gned been Sib the burial-tre DUE TO Conditions, If any, which rise to Immediate DUF TO cause (a), stating prior underlying cause last. as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? certificate YES NO PHYSICIAN: 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached f te Dept. of this CAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) be de State Hour a.m. While Not While After retained by at work at work p.m. DIRECTOR: A age 3 should lied with the S 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 3:25AM, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED pe MED. STAFF DIRECTOR M.D. PHYS. PHYS. HOSPITAL 22c. PHYSICIAN'S FUNERAL **ADDRESS** 22d. director, p NAME (Type) LOCATION (City, town or county (State) BURIAL, CREMATION, 1 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 2 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR REC'D BY REGISTRAR 24. 66 VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH

TOTAL A MINY COLL Storas California the State of - which all the other of the con-SULTED - 1/27/1464 SOLETE SEARCHER AND MARCHER - 1/27/146. THE MARCHER - 1/27/146. EVIL R. WIESON

## FOR STATE HEALTH DEPT.

haurs after death. If

This certificate should be executed

TO DEPUTY MEDICAL EXAMINER:

Health or its designated agent, prior ta burial, cremation, or remaval, and in any event within 72 hours after death.

any delay is , 2, and 3 ta n PM3. Page pages 1 and 2 with the State Department of Office along with farm Item 18. Give Pages 1, ro FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File necessary, please execute the certificate, writing the ward "pending" in the funeral directar. Page 4 should be farwarded to the Chief Medical Ex 5 may be retained far yaur files.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1343	4	MED	ICAL EXAMIN	ER'S	CERTIFICATE C	F DEATH 1	3428				
	1. PLACE OF DEATH						Where deceosed lived, if institut	ion: Residence be	efore odmissi	on)		
	o. COUNTY Wie	o. COUNTY Wicomico MARYLAND					o. STATE Maryland b. COUNTY Wicomico					
	b. CITY OR TOWN	b. CITY OR TOWN (If autside carporate limits, c. LENGTH OF STAY IN 1b					utside carparate limits, write RU	RAL and give ned	rest tawn)			
	Write RURAL of	write RURAL and give nearest town) Mardela					a	23	2-1			
	d. NAME OF HOSPI	TAL OR INSTITUTION (If r	not in hospitol, g	give street oddress)		d. STREET ADDRESS			e. IS RESIDENCE			
0	Ma:	in Street				Main S	treet		YES	NO		
	3. NAME OF DECEASED	f	irst	Middle		Lost	4. DATE Mont		Day Ye			
	(Type or print)	GEORG	E	GERARD	SC	HLESINGER	DEATH September			56		
	S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH	9. AGE (In yeors last-birthday)	Months Day		R 24 HRS. Min.		
	Male	White	WIDOWED	DIVORCED		March 25,19	y 13.	Months Pa	110013	Wills.		
	during most of working			ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (Stote		12. CITIZEN COUNTR				
	Physicia 13. FATHER'S NAME	an			-	New York		USSE				
		Schlesinger	40.			Frances K						
	1S. WAS DECEASED EV (Yes, no, or unknown) Yes	ER IN U.S. ARMED FORCES? (If yes give war or dates	of service)	SOCIAL SECURITY NO.	IV.	NFORMANT rs. M. Jane	t Schlesinger Mardela, Mary	(Wife)				
	1B. CAUSE OF D	EATH (Enter only one co ITH WAS CAUSED BY: IMMEDIATE CAUSE	use per line for		w-	of of	Suid		INTERVAL BET			
	Conditions, if one rise to immedio stoting the under lost.	te couse (o),	(b) 10 (c)			\						
3	PART II. OTHER S	IGNIFICANT CONDITIONS	- 0	O DEATH BUT NOT RELA	TED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)		19. WAS AUTO PERFORM YES			
	200. EXTERNACO PRIMARY FOR CO CAUSE OF DEATH.	AUSE WAS DNTRIBUTING	20b. DE	RIBE HOW INJURY OCC	CURRED.	Enter nature of injury in	Port I or Port II of item 18.)	الم سوا	Jal w	Jum		
	AB. Hour o	400	66 While of work	Not While of work	foct	CE OF INJURY (Home, form ory, street, office bldg., etc.) Iome		(County) Co., Mar	,	(Stote)		
Н	21. I certif	<b>fy</b> that I taak charg	je of the rem	nains described abo	ove, he	ld an Autopsy,	Inspection 🔼, Inqu	jiry 🗷 , a	nd in my	opinio		
١	death resu	Ited fram: Natur	al causes	], Accident [],	Suic	ide 🔼 , Homicide	, Undetermined m	anner 🗌				
	ACTUAL	Soul -	- Kon	. ,		CHIEF MEDICAL	EXAMINER  ICAL EXAMINER		22. DATE	SIGNED		
	SIGNATURE		-	~		M.D. ASSISTANT MED DEPUTY MEDICA	and the same of th	Sept.	6 1:	1966		
	EXAMINER'S NAME (Type)	Dr. Earl L 409 Camden	. Royer	Salisbury	Ma	rvlanddress (Street		-				
H	23o. BURIAL, CREMATI	ON, 23b. DATE TH		23c. NAME OF CEMET			23d. LOCATION (City or To	wn) (Cou	nty) (S	itote)		
	REMOVAL (Specifi Burial	Sept.	9,1966	Arlington	1 Cei	meterv	Arlington		Virgi	nia		
	24. FUNERAL DIRECTOR HOLLOW	OR		ADDRESS SBURY MAR		2So. RECI	PYPEGISTRAR 1968 RE	GETEAR SONONE	age July	1		

DATE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH executed within 24 hours after death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY and completely filled in by the fremove carbon papers. Pages 1 any event, within 72 hours after MARYI AND b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address d. STREET AOORESS e. IS RESIDENCE ON A FARM? YES NO. NAME DF DATE Middle Last Month Day DECEASED DEATH Shockley 1966 (Type or print) SEPT 107068 6 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Hours | Min. 7. MARRIED NEVER MARRIED in any WIDOWED X DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRT MPLACE (County & State, or foreign country) DIVICE PHYSICIAN: The law requires that the death certificate the hospital or attending physician. 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address has been signed by the attent as the burial-transit permit. prior to burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO ASCUD Conditions, If any, which rise to Immediate DUE TO cause (a), stating the underlying cause last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATI Uropothy NO DO 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) detached for 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work p.m. at work DIRECTOR: As age 3 should led with the S 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 63 M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING PHYS. MED. DIRECTOR Rech M.O. PHYS. Page 4 may O HOSPITAL PHYSIC AN'S 22d. ADDRESS NAME (Type) director, 5 6 should LOCATION (City, fown or county) BURIAL, CREMATION, 23b. NAME OF CEMETERY OR CREMATORY 23d. DATE THEREOF 23c. REMOVAL (Specify) 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. hours after death. 1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Wicomico MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 20 write RURAL and give nearest town) Cochituate State College Salisbury 3 Hrs. hou 5 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS filled Nimitz Avenue within 72 ON A FARM? /Dud/1/ey/ Peninsula General Hospital NO P YES executed within letely pou NAME OF Month Day Year Middle 4. DATE DECEASED Thomas Rov JrDEATH (Type or print) 1966 1 P.M 6. COLOR OR RACE 8. DATE OF BIRTH SEX q AGE (In years I IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Days Sept.4.1966 WIDOWED DIVORCED 0 yrs. 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even If retired) INDUSTRY COUNTRY? U.S.A. Never Work Marvland None death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nancy Abrams Thomas R. Southworth Sr., 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 0 (Yes, no, or unkown) (If yes give war or dates of service) None Mr. Thomas R. Southworth Sr., Same None CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN PHYSICIAN: The law requires that the ONSET AND DEATH I-transi PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physician. been signed the burial-to or to burial, DUE TO Conditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating underlying cause last. as WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? certificate NO K YES 20a. ACCIDENT WAS UNDERLYING [ DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) tached to OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While at work at work O should ith the 21. I certify that (I) (this hospital) attended the deceased from 19. DIRECTOR: age 3 should led with the and that death occurred at 15 M. from the causes and on the date stated above. saw the deceased alive on 22a SIGNATURE DATE SIGNED page DIRECTOR M.D. director, pr FUNERAL 22c. PHYSIC AN'S 22d. ADDRESS NAME (Type) Alfred C. LOCATION (City, town or county (State 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Salisbury. Sept. 4.1966 Parsons Cemetery Maryland 25a. REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS Salisbury, Maryland 1966 Hill Funeral Home A15 (4) 20M 1/65

BELLET und the same AS SUPPLEMENT dage Latina Astonities - sure tions of the Continue of the South I monstrated (Both WE Steppes) 64 effor to herila to du Cradill , walles ! In International Library and Constitution of the hard a language of the second of the

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DERT 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY icomico Maryland Wicomico MARYLAND Department after death. any delay is necessary, 2, and 3 to the funeral PM3. Page 5 may be b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b Salisbury Salisbury vrs. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State hours S. Division St. S. Division St. NO X YES NAME OF First Middle Last DATE Month Day Year DECEASED OF DEATH 19 66 (Type or print) Leroy Paul Stagg September 2 with within 6. COLOR OR RACE | 7. MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS EXAMINER: This certificate should be executed within 24 hours after death. If a certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, nould be forwarded to the Chief Medical Examiner's Office along with form 5. SEX DATE OF BIRTH NEVER MARRIED last birthday) Months Days Hours Male White WIDOWED DIVORCED Jan. 2.1907 event 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
House Painter 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR INDUSTRY COUNTRY? U.S.A. -Maryland any any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME and m Lola Rae Stagg LeRoy Stagg 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT RFD #1 (Yes, no, or unkown) (If yes give war or dates of service) permit. 216-14-2127Mrs. LolaRae BBeauchamp. Westover. es NSET AND BEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating CCS ed as a burial, underlying cause last. (c) 19. WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION used to bui PERFORMED? YES NO should be 20a. EXTERNAL CAUSE WAS PRIMARY ☐ OF CONTRIBUTING ☐ CAUSE OF DEATH. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) he certificate, writin should be forwarded 3 shou MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Inquiry FUNERAL DIRECTOR: f Health or its design Natural causes Accident Undetermined manner Suicide Homicide death resulted frem: CHIEF MEDICAL EXAMINER your execute r. Page 4 ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATUR for DEPUTY MEDICAL EXAMINER **EXAMINER'S** director. retained Camden Andress (Seat ] citys town renycount Md Rover MD NAME (Type) Earl L. 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION. 23c. NAME OF CEMETERY OR COMMENTER REMOVAL (Specify) 0 Buria REC'D BY REGISTRARY 24. FUNERAL DERECTOR 1966 VR A15ME Dennis Funeral Home, Snow Hill.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH executed within 24 hours after death signed by the attending physican and completely filled in by the funeral burial-transit permit. Their please remave carban papers. Pages 1 and burial, cremation, ar removal, and in any event, within 72 hours after deat 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Wicomico Maryland Kent a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) days Rock Hall Salisbury Rural d. NAME DF HDSPITAL DR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Deer's Head State Hospital, Salisbury, Md NO X YES Middle NAME OF First Lost DATE Day Yegr 19 66 DECEASED William Romaine September 16 Strong (Type ar print) S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED birthday) Manths Days Hours Male White 6/27/1880 WIDOWED X DIVORCED 10o. USUAL OCCUPATION (Give kind of wark dane 1Db. KIND OF BUSINESS OR The law requires that the death certificate be 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** COUNTRYSA Maryland Farmer owner 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas R. Strong Agusta Wickes 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Add Rock Hall, Md. 16. SOCIAL SECURITY ND. (Yes, no, ar unknown) (If yes give war or dates of service Charlotte Jacquette 36 0634 no 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN CEREBROVASCULAR ACCIDENT IMMEDIATE CAUSE (a) DUE TO CEREBRAL ARTERIOSCLEROSIS Conditions, if ony, which gove Yrs rise to immediate cause (a), DUE TO stating the underlying cause Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) WAS AUTOPSY PERFORMED? CA OF PROSTATE YES DE NO far 20a. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HDW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Haur a.m. foctory, street, affice bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased fram Sept. 7 1966 pta Sept. 16, 1966, that (I) (we) last and that death accurred at 6:20 M, fram causes and an the date stated above. 1966 saw the deceased alive an Sept. 16. 22a. 22b. DATE SIGNED STAFF PHYS. Sept. 16, 1966 M.D. PHYS DIRECTOR be filed 22c. PHYSICIAN'S Head State Hospital, Salisbury, Md C. H. Winnacott, M.D. NAME (Type director, should b 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION 23d. LOCATION (City or Town) DATE THEREOF (Caunty) (State) STERTOWN **FUNERAL DIRECTOR** 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66

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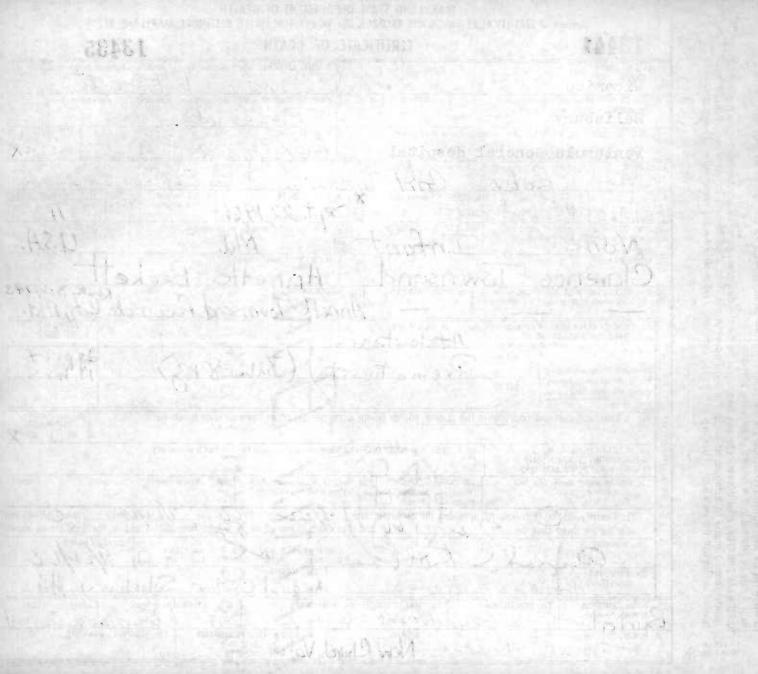
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 24 hours after death. and 1. PLACE DF OEATH
a. COUNTY USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Pages 1 after r b. COUNTY Wicomico Maryland Wicomico MARYLANO b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) bon papers. Page within 72 hours a .= Salisburv Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET AOORESS e. IS RESIDENCE ON A FARM? Johnson Road NO Johnson YES attending physician and completely rmit. Then please remove carbon p., or removal, and in any event, within O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician. NAME OF First Middle Last DATE Month Oay Year DECEASED DF DEATH (Type or print) STRUSH ANNIE 1966 Sept. .8 6. COLOR OR RACE | 7. MARRIEO 5. SEX OATE OF BIRTH AGE (In years | IF UNOER 1 YEAR | IF UNOER 24 HRS NEVER MARRIEO! last birthday) Months Hours Female 83 White WIDOWEO 30 DIVORCED 1883 10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) 10b. KIND OF BUSINESS OR UNDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Housewife USA none Fruitland, Maryland 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME Thomas Grav Margaret (Maggie) Mitchell 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address been signed by the attenthe burial-transit permit. (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Frances Hoppes (Daughter) No Zion Road, Salisbury, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO Cenditions. If any, which gave rise to immediate **OUE TO** cause (a), stating the as th underlying cause last. certificate has (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY for use Health PERFORMEO? YES NO 20a. ACCIDENT WAS UNDERLYING F 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) this certif detached for e Dept. of 8 DR CONTRIBUTING | CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER) N/A TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (Clty or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After d be d While Not While at work at work DIRECTOR: Af age 3 should liled with the S 21. I certify that (I) (this hospital) attended the deceased from 1966 1966 that (I) (we) last and that death occurred at 124/1 M. from the causes and on the date stated above. saw the deceased alive on 22a, SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF Sept. M.D. DIRECTOR PHYS. Pa FUNERAL PHYSICIAN'S TO FUNERAL director, p should be 1 22d. ADDRESS NAME (Type) Ocean City Road, Salisbury, Maryland George H. BURIAL, CREMATION, 23b, OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. (State) REMOVAL (Specify) Wicomico Memorial Park Park Salisbury, Maryland 25a. REC'O BY REGISTRAR'S SIGNATURE Burial FUNERAL DIRECTOR ADDRESS HOLLOWAY & COMPANY, SALISBURY, MARYLAND SEP Ocharles Judg VR A15 (4) 1966 20M 1/65

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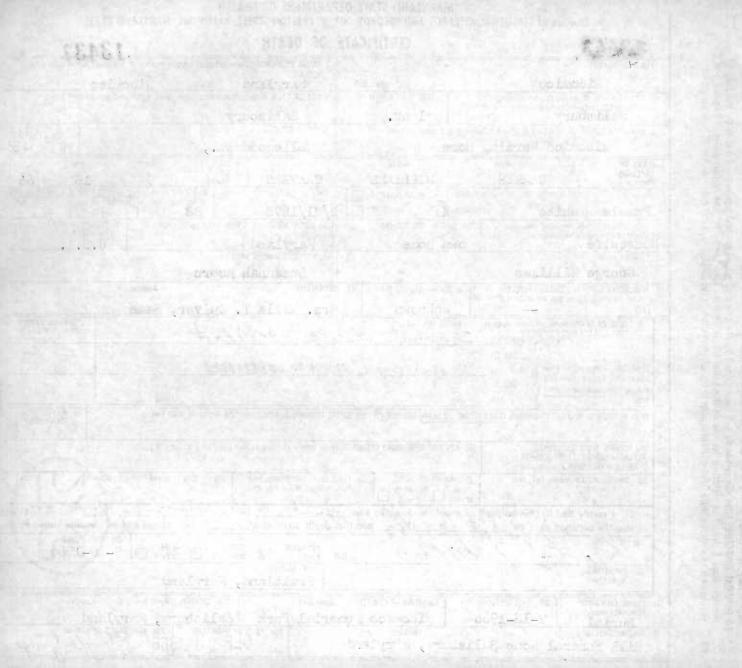
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Wicomico a. COUNTY Wicomico Wary land the MARYLAND Pages hours aft b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b p Salisbury = Salisbury (Rural) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within , Peninsula General Hospital St. Luke Road YES NO executed within completely carbon NAME OF Middle Last DATE DECEASED (Type or print) (Baby DEATH ember AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS 6. COLOR OR RACE SEX DATE OF BIRTH 7. MARRIED NEVER MARRIED remove last birthday) | Months | Days and any WIDOWED [ DIVORCED ember 10 = 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even If retired) 10b, KIND OF BUSINESS OR I. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Salisbury, Maryland USA death certificate removal. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending pr Frances Elizabeth Purcell Victor C. Tindall 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SDCIAL SECURITY ND. Address transit permit. (Yes, no, or unkown) (If yes give war or dates of service) Mr. Victor C. Tindall (Father) 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN has been signed by the as the burial-transit prior to burial, crema ONSET AND DEATH " PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY certificate hather than the second to the second the se PERFORMED? YES T NO T 2Da. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 1B.) detached for the Dept. of I MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While After 19 at work at work p.m. be retained 3 should with the O 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on and that death occurred at. M. from the causes and on the date stated above. DATE SIGNED 22a. SIGNATURE 22b. page ATTENDING PHYS PHYS. DIRECTOR O HOSPITAL PHYSICIAN'S 22d. ADDRESS FUNERAL 22c. director, p NAME (Type) Salisbury, Maryland Smith Dr. William B. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 2 Salisbury, Maryland Burial Sept.12,1966 Parsons Cemetery REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS COMPANY, SALISBURY, MARYLAND VR A15 (4) 20M

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13441 CERTIFICATE OF DEATH within 24 hours after death. deofth. by the funeral Pages 1 and 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) 1. PLACE OF DEATH · COUNTY Wicomico o. STATE er MARYLAND b. CITY OR TOWN (If outside corporate limits, hoursoft c. LENGTH OF STAY IN 1b outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Salisbury .⊑ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? event, within 72 completely filled Peninsula General Hospital NO X YES and completely in NAME OF DATE Lost Month Doy Year DECEASED OF DEATH TEMBER ED (Type or print) 0 requires that the death certificate be executed AGE (In veors IF UNDER" YEAR S. SEX IF UNDER 24 HRS. 6 COLOR OR RACE MARRIED NEVER MARRIED lost birthdov) Months Dovs order any WIDOWED DIVORCED 10b, KIND OF BUSINESS OR BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COUNTRY 3 physician nen please 13. FALHER'S NAME MOTHER'S MAIDEN NAM attending phyburiol, cremation, or removal, 3 Box WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO permit. (Yes, no, or unknown) (If yes give wor or dates of service) CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: PRVAL BETWEEN signed by the buriol-tronsit p ONSET AND DEATH IMMEDIATE CAUSE (o' **DUE TO** Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse hos been the director, page 3 should be detached for use as the should be filed with the Stote Dept. of Health prior ta 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO YES TO FUNERAL DIRECTOR: After this certificate be retained by the hospital or 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) of work ot work 21. I certify that (1) attended the deceased fram. (this haspital) 3 should le and that death accurred at 836 M, fram causes and an the date stated above. saw the deceased alive an 22o, SIGNATURI 22b. ATTENDING M.D. PHYS DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) BURIAL, CREMATION, DATE THEREOF (Stote) REMOVAL (Specify) Home 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) DATE



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death funeral and 2 after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE npletely filled in by the f carbon papers. Pages 1 int, within 72 hours after Wicomico Maryland Wicomico MARYI AND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 24 hours Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Peninsula General Hospital Ocean City Road, Rt. NO YES executed within NAME OF First DATE Year Middle Day DECEASED OF DEATH event, (Type or print) HEARNE ULL SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH remove 7. MARRIED NEVER MARRIED last birthday) Months I Days Hours any WIDOWED [ DIVORCED Jan. 6. 1907 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) E 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) sician INDUSTRY COUNTRY? Mechanic &Fender Auto Body death certificate aurel. Delaware TISA 13. FATHER'S NAME MOTHER'S MAIDEN NAME he attending on permit. Then Adolphus J. Tull
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Nellie Hearne 17. INFORMANT 16. SOCIAL SECURITYNO. Address 0 (Yes, no, or unknwn) (If yes nive war or dates of service) Mrs. Mary C. Tull (Wife I-transit perm II, cremation, o 214-10-7532 Ocean City Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending physician. leub been signed the burial-transcript to burial, cri DUE TO law requires Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. has (c) as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) WAS AUTOPSY use for use Health PERFORMED? the hospital or NO T YES this cerum detached for 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) N/A 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) Hour a.m. cTOR: After should be d While Not While at work at work p.m. 19 retained page 3 should filed with the S 21. I certify that (I) (this hespital) attended the deceased from 1906 and that death occurred at 2/25PM, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED pe ATTENDING DIRECTOR PHYS. PHYS. M.D. FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS director, p should be 1 NAME (Type) Salisbury, Maryland George H. Henning BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 2 REMOVAL (Specify) 6,1966 Wicomico Memorial Park Salisbury, Maryland 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 1966 HOLLOWAY & COMPANY, SALISBURY, MARYLAND VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 haurs after death I in by the funeral ers. Pages I and 2 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission)/ o. COUNTY o. STATE b. COUNTY WICOMICO MARYLAND Maryland Talbot c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b. vithin 72 haurs Royal Oak Salisbury. li davs d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARMS physician and campletely filled YES NO Deer's Head State Hospital 3. NAME OF DECEASED 4 DATE carban Lost Month Dov Year OF DEATH Wallace September 16 19 66 Helen Elizabeth (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. SEX 6. COLOR OR RACE AGE (In years 7. MARRIED 1 NEVER MARRIED DATE OF BIRTH Months Dovs Hours WIDOWED DIVORCED Female Negro 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & during-most of working life, even if retired) COUNTRY MADOREK 13. FATHER'S NAME MOTHER'S MAIDEN NAME a Address 5 signed by the attending burial-transit permit. Th WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH Acute myocardial infarction IMMEDIATE CAUSE (o) physician DUF TO Generalized arteriosclerosis Conditions, if ony, which gove vears rise to immediate couse (o), DUE TO stoting the underlying couse by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been the lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? CERTIFICATION Diabetes mellitus NO fa 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor (County) Hour o.m. foctory, street, office bldg., etc.) Not While of work ot work 21. I certify that (1) (this hospital) attended the deceased fram Sept. 32 deceased fram <u>Sept. 32</u>, 19<u>66</u>, ta <u>Sept 16</u>, 19<u>66</u> that (1) (we) last 19<u>66</u>, and that death accurred at 2:40a, fram causes and an the date stated abave. be retained saw the deceased plive an Sept. 16 220. SIGNATURE 22b. DATE SIGNED **ATTENDING** MED. DIRECTOR 9/16/66 M.D. PHYS. PHYS 22d. ADDRESS Md. 22c. PHYSICIAN'S NAME (Type) Dr. L. V. Maldve Deer's Head State Hospital Salisbury directar, shauldl 23b. DATE THEREOF 236-NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL CREMATION. (Stote) BEMOVAL (Specify) MINERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 DATE SEP

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C			d. STREET ADDRESS		e. IS RESIDENCE DN A FARM?
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S. S	6. CDLDR OR RACE			9. AGE (In years IF UNDER last birthday) Manths	R 1 YEAR   IF UNDER 24 HR
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			Carroll E. Bound	is, Salisbury,	, Ma.
	IB. CAUSE OF DEATH (Enter only one cour PART I. DEATH WAS CAUSED BY:	se per line far (o), (b), and (c).)			INTERVAL BETWEEN DNSET AND DEATH
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	rise ta immediate cause (a),	(b) Hypertrophy and	nitatation of	Heart.	years
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1		(c)	THE TERMINAL DISEASE CONDITION CIV	CN IN DART 1/a)	10 WAS AUTOPSV
5	TAKE II. DITTER SIGNIFICANT CONDITIONS CE	MIKIBOTING TO DEATH BUT NOT KEERTED TO	THE TERMINAL DISEASE CONDITION ON	EN IN PART I(d)	19. WAS AUTDPSY PERFORMED?
5	20a. EXTERNAL CAUSE WAS	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port L or Po	rt II of item 1R \	YES NO
드 1	PRIMARY  or CDNTRIBUTING  CAUSE DF DEATH.	250. DESCRIBE HOW HOOK? OCCURRED.	Terror motore of injury in run ( at Fa	n a di nem ib.)	
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DIVISION OF STATISTICAL RES	RY <b>LAND STATE DE</b> I EARCH AND RECORDS			MARYLAND
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Salisbury			Salisbury	-22-1
d. NAME OF HOSPITAL OR INSTITUTION (IF not in Peninsula General I		d. STREET ADDRESS	Westover Dr.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME DF First DECEASED	Middle	Last 4.	DATE Month	Day Year
(Type or print)  5. SEX  6. COLOR OR RACE   7. MARRIE	D NEVER MARRIED	B. OATE OF BIRTH	DF DEATH SEPTEMBE	R 13 1966 DER 1 YEAR   IF UNDER 24 HRS IS Days Hours Min.
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13. FATHER'S NAME	HNION	14. MOTHER'S MAIDEN	NAME  BRIA	NEII/
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16 (Yes, no, or unkgwn)   (If yes give war or dates of service)	S. SOCIAL SECURITY NO. 17.	INFORMANT	Address	1020
18. CAUSE DF DEATH [Enter only one cause per	line for (a) (b) and (c) ]	to aponne	Tridley ALis	BULT 141
PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	moties	t (625	3m	ONSET AND OBATH
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20c. TIME OF INJURY Month, Day, Year 20d. Hour a.m. While p.m. 19 at wo	facto	CE OF INJURY (Home, farm, ry, street, office bldg., etc.)	20f. (City or town)	County) (State)
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saw the deceased alive on 9		death occurred at 1	M, from the causes and o	n the date stated above
22a. Signature S. Cente	M.O	ATTENDING MEO		DATE SIGNED
NAME (Type) DANIEL AN	DERSON	22d. ADDRÉSS		1
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION City, town or	county) (State)
24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D	BY REGISTRAR   25b. REGISTR	AR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY hours after Wicomico the MARYLAND Pages ye after CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours Salisbury = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled e. IS RESIDENCE ON A FARM? d. STREET ADDRESS ve carbon papers event, within 72 Peninsula General Hospital NO.K YES North Westove executed within ietely NAME DE First Month Middle Last 4. DATE Day Year DECEASED OF Twin comple (Type or print) DEATH 219 66 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS emove 7. MARRIED NEVER MARRIED last birthday) any Months Days Hours MAle WIDOWED DIVORCED 1em Den 12, 1960 VIS. 10a. USUAL OCCUPATION (Give kind of work done = 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician during most of working life, even if retired) COUNTRY? and certificate removal. 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending pher 15. WAS DECEASED EVER IN U.S. ARMED FORCES? permit. 16. SOCIAL SECURITY NO. 17. INFORMAN Address 0 death (Yes, no, or unkown) (If yes give war or dates of service) transit perm cremation, o 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN requires that the ONSET AND DEATH I-transi p PART I. DEATH WAS CAUSED BY: attending physician. been signed the burial-transtrate to burial, cre IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which (b) gave rise to immediate as the b DUE TO cause (a), stating the underlying cause last. (c) PHYSICIAN: The iaw PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY for use Health PERFORMED? certificate CERTIFICATI YES the hospital 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH r this certif detached for te Dept. of b 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. 20f. (Clty or town) (County) (State) be de State I factory, street, office bldg., etc.) Hour a.m. After While Not While ATTENDING retained by p.m. 19 at work at work O 21. I certify that (I) (this hospital) attended the deceased from shoul DIRECTOR: and that death occurred at 8 2 M. from the causes and on the date stated above. 3 sho with t saw the deceased alive on SIGNATURE 22a. DATE SIGNED 22b. filed ATTENDING DIRECTOR PHYS PHYS. Page 4 may pag O HOSPITAL PHYSICIAN FUNERAL 22c. director, p should be 22d. ADDRESS NAME (Type) BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 23a. 23b. DATE THEREOF 23d. LOCATION (City/town or county) (State) REMOVAL (Specify) 0 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR 60 VR A15 (4) DATE 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH illed in by the funeral papers. Pages 1 and 2 in 72 haurs after death. 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY Wicomico o. STATE b. COUNTY after MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) requires that the death certificate be executed within 24 hours DIFLMAR Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? papers. filled i EUZABE YES T Peninsula General Hospital NO event with 3. NAME OF Doy Year carban Lost campletely DECEASED (Type or print) DEATH IF UNDER 1 YEAR SEX DATE OF BIRTH AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED remave last birthdoy) Months Doys Hours burial, crematian, ar removal, and in any WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY physician DELAWARE FREIGHT CONDUCTOR 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME MARIAH STURGES EDWIN MERRITT MILLIAMS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service NELLIE SPARKS WILLIAMS DELMAR, DE INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH burial-transit IMMEDIATE CAUSE (o) signed by aftending physician. Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health prior ta has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) CERTIFICATION YES NO TO FUNERAL DIRECTOR: After this certificate be retained by the hospital ar 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (Stote) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) Hour o.m. foctory, street, office bldg., etc.) Not While ot work 21. I certify that (I) (this hospital) attended the deceased fram Hugust 21, 1 saw the deceased alive on 200 miles 1966, and that death occurred at 1966 1966, that (1) (\*\*) last M, fram causes and an the date stated above. 220 SIGNATURE 22b. DATE SIGNED STAFF PHYS. MED. DIRECTOR Uomas 66 M.D. PHYS ADDRESS 22c. PHYSICIAN'S NAME (Type) tomas BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BUR (19) 66 ODD FELLOWS CEMETERY 2Sb. REGISTRAR'S SIGNATURI FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR latson-SEAFORD DEL 1966 20 M 1/66

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Address (Husband) Mardela. Maryland INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? ND [ YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) (State) 2Df. (City or town) (County) \_\_\_\_\_, that (I) (we) last from the causes and on the date stated above. 22b. DATE SIGNED STAFF Sept. 1966 PHYS. 23d. LOCATION (City, town or county) (State) Mardela, Maryland REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE HOLLOWAY & COMPANY, SALISBURY, MARYLAND DATE

Wicomico

Month

e. IS RESIDENCE ON A FARM?

Year

1966

Hours

YES

Day

12. CITIZEN OF WHAT COUNTRY? USA

NO

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Pages 1 urs after Marvland Somerset Wicomico MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ve carbon papers. Pag event, within 72 hours 12 days Crisfield Salisbury = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE filled d. STREET ADDRESS ON A FARM? Peninsula General Hospital Jacksonville Rd. NO X YES death certificate be executed within completely carbon NAME DE DATE Year Middle Last Month Day DECEASED M. Jr . DEATH (Type or print) 19 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. SEX 6. COLOR OR RACE DATE OF BIRTH emove 7. MARRIED T NEVER MARRIED and any May 14, 1916 WIDOWED [ DIVORCED [ attending physician a ermit. Then please re and in 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even If retired) INDUSTRY COUNTRY? Seafood Crisfield, Maryland USA Producer & Dealer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Willie Mae Landon Charles M. Woolston, Sr. 15. WAS DECEASED EVER IN ILS. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address been signed by the atten the burial-transit permit. or to burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Elizabeth Woolston. Same as 2. abcd No None 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the as th this certificate has be detached for use as the Dept. of Health prior underlying cause last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICAT NO X JSC NIOYECTO 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While While director, page 3 should be c should be filed with the State 19 at work at work 21. I certify that (!) (this hospital) attended the deceased from and that death occurred at 7:50 M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE DATE SIGNED MED. DIRECTOR M.D. PHYS. PHYSICIAN'S **ADDRESS** Thomas C. Hill. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Burial (Specify) 12, 1966 Sunnyridge Cemetery Crisfield, Maryland Sept REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Bradshaw & Sons, Crisfield, Maryland VR A15 (4) 20M 1/65

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	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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hin ely f on p	Peninsula General Hospital   YES NO   3. NAME DF   First   Middle   Last   4. DATE   Month   Day   Year
certificate be executed within 24 hours adding physician and completely filled in by They please remove carbon papers. Pagremoval, and in any event, within 72 hours	DECEASED (Type or print) EVA B. VEADT DEATH SELTIMBEA 51966
com com	5. SEX 6. COLOR DR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR   FUNDER 24 HRS.    SEX   6. COLOR DR RACE   7. MARRIED   NEVER MARRIED   8 DATE OF BIRTH   9. AGE (In years IFUNDER 1 YEAR   FUNDER 24 HRS.   18   18   18   18   18   18   18   1
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cer andiir t. T	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, ymp, or unknown) ((If yes give war or dates of service))
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TO HOSPITAL OR ATTENDIFUCE A may be retained for Funeral Directors. A director, page 3 should be filed with the	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City town or county) (State)
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